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ABSTRACT

This Congressional report contains testimony given during the last of six days of hearings pertaining to reauthorization of the Older Americans Act of 1965. The focus of the day's hearings was on the insights of various administrators, advocates, and academics concerning the past, present, and future of the delivery of services to older adults under the auspices of programs authorized and funded by the Older Americans Act. Included among those persons providing testimony at the hearing were representatives of the following agencies and organizations: the American Health Care Association, the Aging Services Division of the North Dakota Department of Human Services, the Leadership Council on Aging Organizations, the Elvirita Lewis Foundation, the Otoe-Missouria Tribe, the National Association of Regional Councils, the Office of Human Development of the Department of Health and Human Services, the National Commission on Libraries and Information Science, and the National Association of Counties. (MN)

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S. Hrg. 98-945, Pt. 2

REAUTHORIZATION OF THE OLDER AMERICANS ACT, 1984

JOINT HEARING

BEFORE THE

SUBCOMMITTEE ON AGING

OF THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

AND THE

SPECIAL COMMITTEE ON AGING UNITED STATES SENATE

NINETY-EIGHTH CONGRESS

SECOND SESSION

ON

EXAMINATION OF REMAINING CONCERNS IN THE 1984 REAUTHORIZATION OF THE OLDER AMERICANS ACT

MARCH 20, 1984

PART 2

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CONTENTS

STATEMENTS

TUESDAY, MARCH 20, 1984

	Page
American Health Care Association, prepared statement	130
Angell, Norma, licensed social worker, prepared statement	118
Brewster, Larry, D.S.W., director, Aging Services Division, North Dakota Department of Human Services, prepared statement	128
Brickfield, Cyril, chairman, Leadership Council on Aging Organizations, Washington, DC, accompanied by David Affeldt, consultant, American Association for Retired Persons, and Dr. Robert Binstock, professor, Brandeis University	28
Prepared statement	34
Brummel, Steven W., president, the Elvirita Lewis Foundation, prepared statement	149
Buhai, Hon. Robert M., mayor, Highland Park, IL, prepared statement	67
Burdick, Hon. Quentin N., a U.S. Senator from the State of North Dakota, prepared statement	127
Cleghorn, Rudy, director, Title VI Project, Otoe-Missouria Tribe, prepared statement (with enclosures)	141
Glenn, Hon. John, a U.S. Senator from the State of Ohio, prepared statement	123
Grant, Jean, commissioner, Citrus County, FL, on behalf of National Association of Counties, Washington, DC; Hon. Robert M. Buhai, mayor, Highland Park, IL, on behalf of U.S. Conference of Mayors, and Hon. Candace S. Tongue, mayor, Wendell, NC, on behalf of the National Association of Regional Councils, Washington, DC, accompanied by George Gaberlavage, National Association of Regional Councils	54
Prepared statement	56
Hardy, Hon. Dorcas R., Assistant Secretary, Office of Human Development Services, Department of Health and Human Services, Washington, DC, accompanied by Dr. Lennie-Marie P. Tolliver, U.S. Commissioner on Aging, and David Rust, Director, Office of Policy and Legislation, Human Development Services	4
Prepared statement	8
Moore, Bessie B., Vice Chairman, National Commission on Libraries and Information Science, prepared statement	150
National Association of Counties, prepared statement	106
Tongue, Hon. Candace S., mayor, Wendell, NC, prepared statement	86

REAUTHORIZATION OF THE OLDER AMERICANS ACT, 1984

TUESDAY, MARCH 20, 1984

U.S. SENATE,
SPECIAL COMMITTEE ON AGING
SUBCOMMITTEE ON AGING,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The meeting of the joint committees convened, pursuant to notice, at 9:30 a.m., in room SD-628, Dirksen Senate Office Building, Senator Charles E. Grassley, chairman, Subcommittee on Aging, and Senator John Heinz, chairman, Special Committee on Aging, presiding.

Present: Senators Grassley, Heinz, Warner, Evans, and Bradley.

Senator GRASSLEY. I would like to call this joint hearing of the Senate Subcommittee on Aging and the Senate Special Committee on Aging to order.

We are dealing with the reauthorization of the Older Americans Act. I have a short statement that I am going to insert in the record and defer to my colleague and friend and person from whom I have learned more about aging problems than any other Senator, the chairman of the Special Committee on Aging, Chairman Heinz.

OPENING STATEMENT OF SENATOR GRASSLEY

Senator GRASSLEY. Good morning. I call this joint hearing of the Senate Subcommittee on Aging and the Senate Special Committee on Aging to order. Entitled "Reauthorization of the Older Americans Act, 1984," this hearing should provide the committees and the Senate with a summing up of past, present, and future developments in the evolution of this key law in the delivery of services of America's older population. The Senate Special Committee on Aging, chaired by my colleague, Senator Heinz, has conducted an impressive array of oversight hearings that dealt with the problems and opportunities of our older population. Those hearings combined with the completion of a new "Developments in Aging" 1984 report and the reauthorization hearing series the Senate Committee on Labor and Human Resources, Subcommittee on Aging, has conducted assures the Members of the Senate a rich source of information on this ever increasing percentage of the U.S. population.

This morning's witnesses bring an insightful overview of the Older Americans Act. Either as administrators, advocates, or academics, they should help us determine where we have been, where

we are, and where we are headed with Older Americans Act programs.

Senator HEINZ. Mr. Chairman, with your permission, I would like to put my opening statement in the record.

Senator GRASSLEY. You have my permission to do that and I appreciate it very much, but I still encourage you to make whatever comments you wish.

OPENING STATEMENT OF SENATOR HEINZ

Senator HEINZ. Good morning. Today, the Special Committee on Aging in conjunction with the Subcommittee on Aging of the Committee on Labor and Human Resources will hold a joint hearing to examine remaining concerns in the 1984 reauthorization of the Older Americans Act. Before we begin, however, I would like to acknowledge the excellent work of the Subcommittee on Aging, under the leadership of Senator Grassley, for its assessment of the various programs offered to older Americans under the act. The subcommittee has conducted six hearings on a wide variety of issues related to the 1984 reauthorization to date, and is well underway in establishing one of the most comprehensive hearing records on the act since its enactment.

It has been over 19 years since the enactment of the Older Americans Act of 1965. We've seen the program grow from a few small social service grants and research projects to a network of over 1,500 individual community service projects serving older persons. These programs are administered by 57 State and territorial units on aging through a complex of over 670 locally based area agencies on aging. While the budget in 1966 was $5.7 million, more that $1 billion are committed in the current fiscal year. The added dollars have helped fund major new initiatives, including the nutrition program for the elderly and the Senior Community Service Employment Program. Congress addressed the overall growth of services in the 1981 amendments, when it approved a simple 3-year reauthorization schedule. At the same time, we included some minor adjustments to improve the delivery of services to older persons, and streamline administrative procedures for agencies operating programs under the act.

Today, in government, we are challenged to be both critical and creative in our approach to public expenditures, directing them carefully to the best possible alternatives. The challenge we face is to set realistic priorities, to plan carefully, and to define specific goals. This is as true for programs of the Older Americans Act as it is for any other programs that channel Federal dollars.

During the past several months, Congress has had a number of excellent opportunities to examine the success of this legislation in meeting its goals and to receive recommendations for setting new policy directors. The national aging organizations have done an excellent job at both assessing our progress and examining our shortcomings. We appreciate their input.

Based on these comments, and in anticipation of today's testimony, I do not believe that this is the appropriate time for a major overhaul of the act. Our experience since the 1981 amendments is that the act is working reasonably well. Older persons are indeed

benefiting from Older American Act programs that operate in their communities.

The comments we have received on the act, however, indicate that certain additional minor adjustments would contribute to the effectiveness of the legislation. We should take the present opportunity to fine tune those sections that will improve the overall efficiency of services, as well as increase the participation of older persons in the operation of the programs intended to serve them.

I have appreciated the opportunity to work along with Senator Grassley in developing legislative recommendations that will meet these objectives. While these suggestions represent my initial thinking on the act, based on the testimony today and in anticipation of receiving further comments on reauthorization, I may be presenting additional ideas to the subcommittee in the near future.

We have several distinguished witnesses with us today. I look forward to hearing their observations and recommendations on these concerns.

I just want to make one or two quick points.

First of all, I would note that this is the 19th year since the enactment of the Older Americans Act; 1985 will be the 20th anniversary. I cannot think of any better 20th anniversary present than the extraordinarily careful oversight and thoughtful way in which you have held not just half a dozen, but today is the seventh hearing which you, as chairman of the Subcommittee on Aging of the Human Resources Committee have held on the Older Americans Act. As a result of those hearings, the Older Americans Act is not only alive and well and going strong, but, in your truly expert hands, is probably the nicest gift we could give senior citizens as we enter the 20th anniversary of the Older Americans Act.

I just want to commend you, Senator Grassley, because the care with which you have gone into the reauthorization is, in my judgment, unprecedented. It is welcome, and you have established one of the most comprehensive hearing records, not just on this act, but on any act under the jurisdiction of any committee, and I just want to commend you.

Senator GRASSLEY. Well, thank you. I appreciate that, except for the reminder that it is 20 years of time passing, and I guess we all hate to be reminded of those things. But we do appreciate the work——

Senator HEINZ. Well, the one good thing is that the Older Americans Act is older than our combined service in both the House and Senate. But we are gaining slowly, here. [Laughter.]

Senator GRASSLEY. Our first witness is a person, no stranger to either the special committee of Senator Heinz or my subcommittee, and that is Dorcas Hardy, who is Assistant Secretary for Human Development Services.

We would ask her to introduce her colleagues.

Before you start, I would like to make an administrative announcement, which is simply that we would encourage people, especially if you are further down the list of witnesses this morning and you still have time to do this, to try to summarize in 5 to 7 minutes; we will put your entire statement in the record.

Then, we will also keep the record open for 15 days, as is standard procedure in my subcommittee, for any additions to the record,

and anybody who was not invited to testify, if they wish to submit written testimony, as long as it is not too voluminous, we will accept that and consider that, as well.

We would also expect people who receive questions in writing from either Senator Heinz or me or anybody else on the subcommittee or the special committee who are not here today to respond to those questions in writing, too, in 15 days.

Please proceed, Secretary Hardy.

STATEMENT OF HON. DORCAS R. HARDY, ASSISTANT SECRETARY, OFFICE OF HUMAN DEVELOPMENT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC, ACCOMPANIED BY DR. LENNIE-MARIE P. TOLLIVER, U.S. COMMISSIONER ON AGING, AND DAVID RUST, DIRECTOR, OFFICE OF POLICY AND LEGISLATION, HUMAN DEVELOPMENT SERVICES

Ms. HARDY. Thank you, Mr. Chairman. It is a pleasure to be here.

I am accompanied by Dr. Lennie-Marie Tolliver, U.S. Commissioner on Aging, and David Rust, the Director of the Office of Policy and Legislation in Human Development Services.

I would like to comment that I certainly concur with Senator Heinz' comments about your thoroughness and your extensive oversight of the Older Americans Act, and we appreciate that.

As you know, Dr. Tolliver has appeared before you twice during the past month to discuss the administration's proposals for both title III and title IV, and today I would like to reinforce the points that Dr. Tolliver has made about the consolidation of title III, about flexibility in title IV, and the Office of Human Development Services coordinated discretionary grants process.

I am pleased to be able to say to you that we have a completed legislative proposal which we have supplied to your staff. In this proposal, the administration proposes to eliminate separate authorizations for supportive services and senior centers, congregate and home-delivered meals, and State plan administration under title III. Instead, there would be a single, consolidated authorization for both administrative costs and service delivery under this program. All separate ceilings on spending for certain purposes would be eliminated, and the Federal share of all program and administrative costs would be 85 percent.

Consolidation would allow the States more flexibility in the use of title III funds and reduce needless accounting and administrative processes and paperwork. It would expand the provisions of the 1978 and 1981 amendments to the act, which provided State and area agencies with the flexibility to address specific issues and concerns of individuals in their jurisdiction.

I want to reemphasize today that this is not a block grant proposal. Unlike a block grant, States would still be required to provide the services authorized in the act and give all the assurances and comply with all the program management and planning requirements of the current law.

The current system poses administrative and accounting problems at the State and area agency levels and at the project levels. Consolidation would minimize reporting requirements and allow

more flexibility to the State: in the use of these funds. We believe that administration of the program would improve and there would be no adverse impact on the number of persons served.

Turning to title IV, we believe that it is presently too lengthy, too restrictive, and difficult to administer. Therefore, we propose to combine the sections on education and training into a new, similar, but shorter section, and also propose to combine the sections on research and demonstration into a new section which would eliminate the elaborate description of areas to which the Commissioner must give attention in making grants. It would shorten the title and make it less restrictive.

We would also propose to eliminate the separate sections in comprehensive long-term care, special demonstrations and legal services, and utility and home heating demonstrations. We believe the special emphasis provided by these sections has served its purpose.

Additional attention can be given either under the demonstration project authorization or by the authorization for national impact activities, which are unchanged in our proposal

In addition, we believe that the use of title IV funds can be maximized through leveraging them to gain commitments from other agencies and organizations in the public and private sector. This leveraging is most readily accomplished when the Commissioner has greater flexibility in determining the use of title IV funds.

Support for high-priority projects will continue to be provided with the $5 million funding level. This support will include knowledge-building and technology transfer to assist and continue to build the capacity of the State and area agencies on aging. Education and training activities will focus on training persons interested in working with minority older persons and older persons living in rural areas.

Demonstration, research, and model projects will continue to carry out innovative and developmental projects which address the improvement of services to low-income and minority older persons in such areas as housing, employment, health, and legal services. Priority will be given to those projects and activities which build upon the experience gained by State and local agencies in using state-of-the-art services and management improvements.

In addition, there is language in our proposal to ensure that there is an equitable distribution of funds between projects serving urban and rural areas.

In summary, Mr. Chairman, the level of funds requested will enable us to continue to move forward and our focus for 1985 will continue to be on ensuring that the findings and the products of past efforts are put to use in improving current programs.

Finally, I would like to take just a minute to say a few words about the HDS-coordinated discretionary process. We firmly believe that this grant process has been highly effective and beneficial to the programs that we administer and to all the groups that we serve. However, the coordinated system for awarding grants that HDS has been using for the past 3 years has been the subject of considerable misunderstanding.

I would like to address a few of the more significant points.

One, this is a coordinated process; it is not a consolidation of funds. Under this process, announcement of funds which are avail-

able covers approximately 40 percent of discretionary funding within HDS, and those are contained in one single announcement. Proposals are evaluated in a single series of steps, and most awards are made at the same time of the year. The benefits of the coordination include elimination of duplicate or overlapping projects among several program areas, and most important, the ability to address areas of concern that involve several programs.

Before this coordinated process, it was nearly impossible to develop ways in which, for example, the Administration on Aging and the Administration on Native Americans could work together on projects for the benefit of older Indians. One project we funded last year will demonstrate how a community can maintain the self-sufficiency of isolated older persons through the use of youth volunteers to assist older persons in maintaining a safe home environment. That would have been very difficult to do before the coordinated process.

Another project we funded is designed to demonstrate services to developmentally disabled older persons and respite services to elderly parents of developmentally disabled persons.

The different funding sources for all of these grant awards remain separate throughout the process. We do not commingle funds into a single pot of money. The projects are jointly funded and need to address the purposes of legislation under which the funds were appropriated. A project on the needs of disabled children may involve joint use of funds from the Administration for Developmental Disabilities and the Administration for Children, Youth and Families and needs to fulfill the purposes of both program statutes.

Second, funds remain under the control of the program manager responsible for each source of funding. Not only in relation to the Administration on Aging, but also for the Commissioners on Children, Youth and Families, Native Americans and Developmental Disabilities, it is extremely important for us to ensure that stewardship responsibilities are carried out. Where AoA funds are involved, the Commissioner on Aging makes the funding decisions, and the staff who work for her monitor the projects and project outcomes.

Representatives of several programs may be involved in project review and monitoring, but where AoA funds are involved, the Commissioner on Aging has both the responsibility and authority to monitor the use of those funds.

And third, by using a preapplication as the entry to the first stage of this coordinated process, this discretionary program has made it possible for many different organizations to compete. Rather than requiring a full-blown application in the initial stages of this process, we ask for a 10-page concept paper that outlines the basic proposals. And I want to emphasize very much that this process allows smaller, community-based organizations with good ideas, but very poor proposal writing skills, to compete on a more equal footing with large general consulting organizations. In many cases, a small organization may have an excellent idea, but without experienced grantsmanship skills, it would never have been able to get through a very laborious process.

Mr. Chairman, we believe our coordinated discretionary program has met and exceeded its objectives. It has provided an innovative and efficient mechanism for addressing research and demonstration issues which are common to all of our programs, at the same time retained the legislative purposes of each of the participating programs. It has the added benefit of stimulating social services groups and organizations to think in terms of the needs of their clients and communities as a whole, rather than each of them as categorical boxes.

Mr. Chairman, this concludes my remarks. The Commissioner and I would be happy to answer any questions that you may have.

[The prepared statement of Ms. Hardy follows:]

STATEMENT BY

DORCAS R. HARDY
ASSISTANT SECRETARY
FOR
HUMAN DEVELOPMENT SERVICES

BEFORE THE

SUBCOMMITTEE ON AGING
COMMITTEE ON LABOR AND HUMAN RESOURCES

AND THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

March 20, 1984

Mr. Chairman and Members of the Senate Labor and Human Resources Subcommittee on Aging and the Special Committee on Aging, I am pleased to appear before you today to discuss the reauthorization of the Older Americans Act of 1965. Commissioner on Aging Lennie-Marie P. Tolliver, who is with me today, has appeared before you twice during the past month to discuss the Administration's proposals for Title III and Title IV. Today I would like to reinforce the points she has made about consolidation of Title III, flexibility in Title IV, and the Office of Human Development Services (HDS) coordinated discretionary grants process. I am pleased to be able to say that we have a completed legislative proposal, which we have supplied to your staff.

In this proposal, the Administration proposes to eliminate the separate authorizations for supportive services and senior centers, congregate and home-delivered meals, and State plan administration under Title III. Instead there would be a

single consolidated authorization for both administrative costs and service delivery under this program. All separate ceilings on spending for certain purposes would be eliminated, and the Federal share of all program and administrative costs would be 85 per cent.

Consolidation would allow the States more flexibility in the use of Title III funds and reduce needless accounting and administrative processes and paperwork. It would expand the provisions of the 1978 and 1981 Amendments to the Act which provided the State and area agencies with the flexibility to address specific issues and concerns of individuals in their jurisdictions. However, I want to emphasize that this is not a block grant proposal. Unlike a block grant, States would still be required to provide the services authorized in the Act and give all the assurances and comply with all the program

management and planning requirements of the current law. Our proposal does not re-write Title III of the Act. The sections in which we are proposing changes are those which contain the specific funding earmarks.

In Fiscal Year 1983, States and jurisdictions used the limited flexibility available to them, including the ability to transfer up to 20 percent of allotted funds between Title III-B and III-C. Six percent of the funds available, or $38.4 million, was transferred; this was an increase over FY 1982, when $22.4 million, or 4 percent of the available funds, was transferred.

I think you will agree that States have exercised this new authority in a responsible manner. Our proposal continues the policy of recognizing States' abilities and commitment to

allocate services money. Consolidation would maximize the opportunities for States and localities to be responsive to changing needs..

A number of significant provisions of the Title III program which distinguish it from a block grant would remain. States would be required to develop and submit for approval to the Commissioner on Aging State plans for two, three, or four years. States would still be required to divide the State into planning and service areas and designate Area Agencies on Aging. Area agencies would be required to submit to the State agency plans describing the manner in which they intend to develop comprehensive and coordinated systems of services for older persons. Both State and area plans would continue to be subject to requirements that they be developed with consideration of the views of older persons and others

interested in the field of aging. Finally, the provisions of the Act which define Title III supportive and nutrition services would remain unchanged.

The current system poses administrative and accounting problems at the State and area agency levels and at the project level. State and area agencies now must keep separate records on the use of funds received for State agency activities, supportive services and senior centers, congregate nutrition services, and home-delivered nutrition services. This separate accounting is burdensome. Consolidation would minimize reporting requirements and allow more flexibility to the States in the use of funds. Administration of the program would improve, and there would be no adverse impact on the number of persons served.

36-029 O - 84 - 2

I would now like to turn to Title IV, which presently is lengthy, too restrictive, and difficult to administer. We propose to combine the sections on education and training into a new, similar, but shorter section. We also propose to combine the sections on research and demonstration into a new section which would eliminate the elaborate description of areas to which the Commissioner must give attention in making grants. It would shorten the Title and make it less restrictive.

We would also eliminate the separate sections in comprehensive long-term care, special demonstrations and legal services, and utility and home heating demonstrations. The special emphasis provided by these sections has served its purpose. Additional attention can be given either under the demonstration project authorization or by the authorization for national impact

activities which are unchanged in our proposal. In addition, we believe that use of Title IV funds can be maximized through leveraging them to gain commitments from other agencies and organizations in the public and private sectors. This leveraging is most readily accomplished when the Commissioner has greater flexibility in determining the use of Title IV funds.

Support for high priority projects will continue to be provided with a $5 million funding level. This support will include knowledge-building and technology transfer to assist and build the capacity of State and Area Agencies on Aging. Education and training activities will focus on training persons interested in working with older persons who are minorities and older persons living in rural areas. Demonstration, research, and model projects will continue to carry out innovative and

developmental projects which address the improvement of services to low-income and minority older persons in such areas as housing, employment, health and legal services. Priority will be given to those projects and activities which build upon the experience gained by State and local agencies in using "State of the Art" service systems management methods. In addition, language is included in our proposal to ensure that there is an equitable distribution of funds between projects serving urban and rural areas.

The Administration on Aging has a number of avenues available to it for determining the priority needs in the field of aging. Principal among them are the reports and other forms of information which are submitted to the Administration on Aging from the network. The Commissioner also has a great deal of personal contact with people in the field. In addition, she

has and would continue to consult with national aging organizations, the network and older persons themselves, to assist in suggesting priority areas. Naturally, within the limitations of Title IV, it would not be possible to respond to all of the perceived needs; and it would be necessary, after proper consideration of the views of others, to make a final determination as to the priorities which would be funded.

We believe that this approach has given a substantial added dimension to our efforts to address the broad spectrum of actions appropriate to helping older people maintain their independence. It has also helped us to leverage other traditional fiscal and programmatic resources in support of these efforts. We hope to use it more extensively. Special initiatives now being developed and carried out by the Administration on Aging constitute a complementary Title IV

effort which focuses on leveraging the many other related activities being carried on by other public and private organizations. These efforts also underscore AoA's advocacy of values critical to the independence of older people -- such values as the family, the community, and self-sufficiency.

As part of our effort to create a systematic body of knowledge in the field of aging, the research and development program seeks to give added emphasis to coordinating and consulting with other Federal agencies which are legislatively mandated to serve the nation's elderly. During FY 1983 AoA signed an agreement with the Urban Mass Transit Administration (UMTA), Department of Transportation (DoT), which commits the two agencies to work together to improve the access of older persons to public and specialized transportation systems; to coordinate public mass transit with special transportation

services for the elderly and handicapped; and to pool health and social services resources for transportation, as well as to pay special transportation costs. During the coming year the Administration on Aging will be sponsoring with DoT a national and an international conference on Transportation for the Elderly and Handicapped.

In addition, the Administration on Aging has enlisted funding support form other Federal agencies and non-Federal organizations for worthwile research and demonstration projects. For example, in Fiscal Year 1982, the Administration on Aging and the Department of Housing and Urban Development jointly funded a project to develop a professional housing management system.

In summary, Mr. Chairman, the level of funds requested will enable us to continue to move forward. Our focus in FY 1985 will continue to be on ensuring that the findings and products of past efforts are put to use in improving current programs.

Finally, Mr. Chairman, I would like to say a few words about the HDS Coordinated Discretionary Process. We believe that this grant process has been highly effective and beneficial to the programs we administer and the groups they serve. However, the coordinated system for awarding grants that HDS has been using for the last two years has been the subject of considerable misunderstanding. I would like to address a few of the more significant points:

- **This is a coordinated process, not a consolidation of funds.**

  Under this process, announcement of funds availability for about 40 percent of discretionary activities within HDS are contained in a single announcement, proposals are evaluated in a single series of steps, and most awards are made at the same time of year. The benefits of this coordination include elimination of duplicate or overlapping projects among several program areas, and most important, the ability to address areas of concerns that involve several programs. Before this coordinated process, it was difficult to develop ways in which, for example, the Administration on Aging and the Administration for Native Americans could work together on projects for the benefit of older Indians.

However, the different funding sources remain separate throughout the process. We do not commingle funds into a single pot of money. Projects are jointly funded, and must address the purposes of the legislation under which the funds were appropriated. A project on the needs of disabled children may involve joint use of funds from the Administration on Developmental Disabilities and the Administration for Children, Youth and Families and must fulfill the purposes of program statutes in both these areas. Because so many of our target populations overlap, this is not only appropriate, but very effective.

- Funds remain under the control of the program managers responsible for each source of funding.

Not only in relation to the Administration on Aging, but also for the Commissioners on Children, Youth and Families, Native Americans, and Developmental Disabilities, it is extremely important for us to ensure that stewardship responsibilities are carried out. Where AoA funds are involved, the Commissioner on Aging makes funding decisions, and staff who work for her monitor the projects and the project outcome. Representatives of several programs may be involved in project review and monitoring, but where AoA funds are involved, the Commissioner on Aging has both the responsibility and authority to monitor use of funds.

- By using a pre-application as the entry to the first stage of this process, the Coordinated Discretionary Program has made it possible for many different organizations to compete.

Rather than requiring a full-blown application in the initial stages of this process, we ask for a ten page concept paper which outlines the basic proposal. This has reduced the applicants cost of competing by over 83 percent. It allows smaller, community-based organizations with good ideas but weak proposal-writing skills to compete on a more equal footing with large organizations. In many cases, a small organization may have an excellent idea, but without experienced "grantsmanship" skills, may have difficulty obtaining a hearing in a process where a fully-developed application is the first and only step in the process.

Mr. Chairman, we believe our Coordinated Discretionary Program has met and exceeded its objectives. It has provided an

innovative and efficient mechanism for addressing research and demonstration issues common to all HDS programs, while retaining the legislative purposes of each of the participating programs.

Mr. Chairman, this concludes my remarks. The Commissioner on Aging and I will be happy to answer any questions you may have.

Senator GRASSLEY. I have several questions, but I am going to submit most of them in writing. One I would like to ask now, though, is what form does the rural emphasis that you refer to in your statement take in matters within the Older Americans Act? I would like to have it from the standpoint of not only the language of the bill, but as you see it.

Dr. TOLLIVER. Yes, Mr. Chairman. We think that services in rural communities are very important, and as we look at the proposals that we receive in the discretionary program, we try to identify those that we think will help us with developing the service system within rural areas and at the same time improving the quality of the care.

Senator GRASSLEY. OK. Senator Heinz.

Senator HEINZ. Mr. Chairman, I have one question I would like to ask, namely this: AoA is consumed in the Office of Human Development Services. I would like to know—and this has been an issue that has been discussed over many years—how the current placement of AoA in OHDS facilitates or hinders the Commissioner's role as an advocate and coordinator of Federal programs and policies affecting the elderly inasmuch as the legislative role of AoA requires it to work not only with OHDS, social service programs, but with other HHS programs such as the Public Health Service, HCFA, and the Social Security Administration.

Ms. HARDY. I think, Senator, both Dr. Tolliver and I would like to answer that.

From the viewpoint of Human Development Services and internal coordination, HDS is very supportive of the Administration on Aging in terms of assisting with budget and other administrative processes. On the, shall I say, external or advocacy side within Health and Human Services, Dr. Tolliver has been very active across-the-board in meeting with all of her colleagues, as well as outside of HHS.

Dr. TOLLIVER. Senator, I have found that placement of the Administration on Aging in the Office of Human Development Services has been supportive of day-to-day efforts, as well as supportive of activities in the area of advocacy and leadership. I do have direct access to the Secretary and have opportunities to meet with her. I recently completed with the Public Health Service an agreement to focus on health promotion, and we will be launching that activity on May 1 as we launch Older Americans Month.

I have been able to work out an agreement with the National Institute of Mental Health, the Office of Urban Mass Transportation, and the Department of Education. So I have found that the statutory base that exists has been helpful, also, in facilitating this activity.

Senator HEINZ. Commissioner, if I may follow up, one of the things that the Aging Committee has been pressing HHS and HCFA for for many years is a comprehensive recommendation on long-term care. Now, I could ask you to what extent you have been in there, pitching, to get HHS to move forward with some recommendations. I am not going to ask you that, because I have heard the answer so many times, and I know the kind of answer I will get—which I will not waste everybody's time on.

But let me ask you a very specific question. One of the building blocks for any long-term care program is learning from experience based on experiment. We gave HHS the authority to seek certain kinds of medicare waivers so that States might experiment on less costly alternatives to community health care. A large number of these waiver requests have, I am told, been held up in the Office of Management and Budget.

Let me ask you to what extent is AoA involved in fighting to get those medicare waiver requests approved?

Dr. TOLLIVER. I am unaware of the fact that they have been held up. The last report that I heard was that 34 of the proposals had been approved.

In addition to that program, the Department also has a program which looks at case management of services that are community-based. We expect next year to begin the evaluation phase and out of this, we will have some data on which a policy regarding long-term care could be made.

In addition, through the Administration on Aging, we completed within this past year funding of two additional long-term care centers that are university-based that will help us with developing services and prototypes as well as influencing the training of persons who will work in the area of long-term care. So that at the present time, we now have at least 1 long-term care center in each of the 10 Health and Human Services regions. Half of these centers have been in place long enough that we are in the process now of working with them to disseminate the information that they have been able to develop, and also to provide technical assistance to the aging network.

Senator HEINZ. Well, the purpose of my question is really to try and discern the extent to which the current placement of AoA inhibits or facilitates a broader view of the problems of the elderly, and one of the broader problems we seem to be having is our inability to get the administration at this point to move ahead on these medicare waivers. This may or may not be related to the placement of AoA.

Assistant Secretary Hardy, do you have a comment on those medicare waivers—are you familiar with the ones that are being held up?

Ms. HARDY. I am not familiar with the particular ones that are being held up, but I do not think there is any correlation between holding up the waivers, if it is at OMB, and the placement of the Administration on Aging.

Senator HEINZ. Well, there may not be, however, like beauty, that is in the eye of the beholder.

Madam Secretary, I thank you.

Senator GRASSLEY. Before you go, I need to explain to you and to everybody else in the audience that Senator Heinz and I are on the Finance Committee, and we have been hurrying things along this morning, submitting questions in writing, because we are in the middle of closing $49 billion worth of loopholes in the Tax Code. We have been involved in that for 3 weeks, and today's session is the last session, and it is part of our effort to cooperate with the administration, too, on the $100 billion downpayment on the deficit.

So I would like to thank you and your colleagues. I want to tell you, Assistant Secretary Hardy, that your colleagues who are with you have been very helpful to us and have been very patient in coming to, I do not know how many, hearings—at least three or four of the seven hearings I have had—and I want to particularly point that out.

Ms. HARDY. Thank you, Senator. We always look forward to working with you.

Senator GRASSLEY. You have submitted to us the administration's proposal, and you may be aware of the fact that we have also been working on a draft proposal that we are submitting to our colleagues for cosponsorship at this point, and any differences in those proposals, I want you to know that my office or through my office, and me personally, we will be available for consultation and discussion with you on any of those differences.

Ms. HARDY. Thank you, Senator.

Dr. TOLLIVER. Thank you.

Senator GRASSLEY. I now want to call Mr. Cy Brickfield, chairman of the Leadership Council of Aging Organizations, based here in Washington, DC, and then, Dr. Robert Binstock, who has previously been before the committee for testimony as well. He is a professor at Brandeis University.

I would like to have Mr. Brickfield go first, because of time constraints. I hope that is all right, Dr. Binstock. Mr. Affeldt needs no introduction, but for the record, I would like to have you introduce him and tell us why he is at the table with you and his association with the Leadership Council.

STATEMENT OF CYRIL BRICKFIELD, CHAIRMAN, LEADERSHIP COUNCIL OF AGING ORGANIZATIONS, WASHINGTON, DC, ACCOMPANIED BY DAVID AFFELDT, CONSULTANT, AMERICAN ASSOCIATION FOR RETIRED PERSONS, AND DR. ROBERT BINSTOCK, PROFESSOR, BRANDEIS UNIVERSITY

Mr. BRICKFIELD. Thank you very much, Senator Grassley and Senator Heinz.

I think it best for me to start out by identifying my position here this morning. I am the chairman of the Leadership Council, but I must tell you that the Leadership Council is meeting downtown at 10 o'clock this morning for the express purpose of trying to reach a consensus on the very matters that we are considering here this morning. So I do not speak as their spokesman, because as yet, we have not reached final determinations. But I can testify here this morning, Senator, as the executive director of the American Association of Retired Persons. If it is all right with you and with that understanding, I would like to proceed.

Senator GRASSLEY. Yes, please do.

Mr. BRICKFIELD. Mr. David Affeldt is a consultant to the American Association of Retired Persons.

I have here both a short form presentation as well as a long one. I would like to talk from the short form of the statement and submit the longer one for the record, with your permission.

Senator GRASSLEY. Fine.

Mr. BRICKFIELD. Senator Grassley, Senator Heinz, and members of the Subcommittee on Aging and the Special Committee on Aging, the American Association of Retired Persons welcomes the opportunity to testify at this joint hearing on the reauthorization of the Older Americans Act. At the outset, the association wants to emphasize its strong support of the Older Americans Act.

Today, many elderly persons are able to live independently in their own homes because of the services provided under the Older Americans Act. Homemaker, Home Health, Friendly Visitor, Chore, and telephone reassurance calls have not only helped older persons psychologically, but have also enabled them to remain in their homes rather than being placed in a nursing home at a higher public cost.

The nutrition program has been one of the most successful and popular programs under the Older Americans Act. Approximately 700,000 meals were served daily during fiscal year 1982, including 508,000 at congregate meal sites, and 190,000 home-delivered meals to elderly shutins. This program not only delivers nutritious meals for older persons at a price within their reach—and they do pay some—but also provides an opportunity for the elderly to meet and talk with others. This socialization function can be as important as the meal itself, especially for lonely and isolated older Americans. Title IV, research, training, and demonstrations have served several essential functions for the Older Americans Act. Research projects have provided vital information to develop sound public policies. Career-type training has prepared gerontology students for numerous positions in the field of aging, as managers of housing for the elderly, program administrators for national aging organizations, governmental analysts and a variety of roles elsewhere. Demonstrations have produced major innovations for the Older Americans Act and other programs, including the nutrition program for the elderly, Foster Grandparents, and educational television.

Senator, to digress, these began as demonstration projects.

AARP's legal counsel for the Elderly Program has made effective use of retired volunteer attorneys to provide protective services for incapable, isolated older persons.

Finally, the title V Senior Community Service Employment Program has enabled low-income older Americans to help themselves while helping others in their communities at the same time.

Over the years, the Older Americans Act has served the elderly in our Nation well. AARP strongly believes that legislation should be extended for at least 3 years, hopefully for 5 years. This would enable service providers and others to make long-range plans and to chart out their activities more effectively. Moreover, it would still allow appropriate congressional committees to perform oversight responsibilities in reviewing the legislation.

Now, as to fine-tuning changes—and Mr. Chairman, I know you are interested in this. AARP favors early action on the Older Americans Act reauthorization legislation. This is necessary to provide funding through the regular appropriation process rather than relying on a continuing resolution. We would like to have a bill signed into law by May. Otherwise, there is a risk that the reauthorization measure could become snagged in a legislative logjam

during the summer because of the Democratic and Republican conventions.

In order to move the reauthorization bill quickly, it would be necessary for Congress to approve a measure which does not include controversial provisions. For this reason, the association urges that the bill include primarily fine-tuning changes. However, the association supports strengthening language for title IV to clarify the scope and purpose of research, training, and demonstrations and strengthening language for increased participation by minorities in all Older Americans Act programs.

Funding authorizations for Older Americans Act programs should be increased to take into account projected future inflation, as well as the need to serve an expanding elderly population. We fully recognize that you are faced with difficult funding decisions, given the magnitude of the Federal budget deficit.

Now, at this point, Mr. Chairman, AARP has recommendations, and I have a chart here, for what we see as increased funding for fiscal 1985 across the board. I would just say generally, we look for an 8-percent increase—4 percent to stay even with inflation, and 4 percent more, or a total of 8 percent, to restore cuts that have taken place in the past.

Senator GRASSLEY. Is that from the present authorization levels or from the appropriation levels?

Mr. BRICKFIELD. From the appropriation levels.

Senator GRASSLEY. OK, thank you.

Mr. BRICKFIELD. We sincerely hope that an appropriate balance can be struck to assure that the elderly's growing needs are equitably considered. As advocates of the Nation's aged, we obviously support higher funding levels, but we also want to be fiscally responsible. These two goals, we believe, can be attained.

Now, as to AoA—and I notice that Senator Heinz asked a question on this particular subject—the Older Americans Act and subsequent amendments make it clear that Congress intended that AoA should be a highly visible and strong advocate of the aged. However, AoA is currently a subunit, along with several other agencies, such as the Administration on Developmental Disabilities, within the Office of Human Development Services at the Department of Health and Human Services.

The net impact, Senator, is that AoA has not fulfilled its role because of its lower level status in the HHS organizational structure.

We strongly believe that the aging agenda should be elevated within HHS and should be placed under the direction of a high level advocate with the clout to represent the interests of all older Americans. To accomplish this objective, an assistant secretary on aging should be created to administer the Older Americans Act and to represent the interests of the elderly on subjects impacting on them.

As to serving minorities more equitably, AARP generally supports the fine tuning changes for the reauthorization of the Older Americans Act. However, the association urges that stronger language should be incorporated in title III to promote increased participation by aged minorities in service programs. Older minorities receive about 18 percent of services under title III of the Older Americans Act, but their participation rate, for example, is nearly

twice that level in the title V Senior Community Service Employment Program, in large part because the SCSEP has more powerful language for serving older minorities. In fact, aged minorities constitute about 33 percent of all title V enrollees. AARP believes that the Older Americans Act should state affirmatively—affirmative action, if you will—that older minorities are a priority group for receiving services. Moreover, they should be served on the basis of their need for services.

Legal service programs should be continued as a mandated priority service under title III of the Older Americans Act. Current language, section 306(a)(2), provides that area agencies on aging shall provide assurances that an adequate proportion of title III-B funds—that is the supportive services—be allocated to three types of priority services—namely, legal, access, and in-home services. Additionally, the act directs area agencies to spend "some funds" on each priority service. The meaning of "some funds" is nebulous and leaves much to interpretation. Many area agencies simply allocate only nominal amounts for legal services, and some provide nothing at all.

AARP supports stronger language to assure, in fact, that adequate funding is available for legal services. We recommend that the current provision requiring the funding of legal services, in the absence of a waiver, be strengthened and made more complete. Specifically, we urge that an area agency's request for a waiver should be based upon a public hearing in which all interested parties are given an opportunity to appear and present testimony. The record of this hearing should accompany an area agency's request for a waiver from the State office on aging.

This is crucial because legal services—perhaps more than any other service under the Older Americans Act—can be subject to outside political pressures. Government agencies may urge area agencies on aging not to fund legal services because they say they do not want to be sued.

Low-income older Americans are not as inclined to challenge a bureaucracy for an erroneous or illegal decision when legal services attorneys are not available. The power structure in localities may also apply pressure to area agencies on aging. Powerful interest groups within a community clearly have an advantage in a legal dispute with a low- or moderate-income older person who cannot afford a private attorney—and private attorneys run between $75 to $150 an hour—or obtain the services of a legal services lawyer.

On title IV, our No. 1 goal for the title IV Research, Training and Demonstration Program is to obtain more adequate funding for these activities. Title IV appropriations have been cut sharply in recent years from $54 million in fiscal 1980 to $22 million in fiscal 1984. Adequate funding and stronger language are essential for title IV to fulfill its mission.

Title IV should be deconsolidated and separate program categories for research, education and training, and demonstrations should be restored.

Moreover, the scope and purpose of each title IV program should be described precisely and clearly. In addition, emphasis should be placed upon certain activities, such as expanded educational oppor-

tunities for minorities, so that they can be placed in the field of aging.

Dissemination and reporting requirements should also be strengthened. Title IV has produced important research and other work products. But all too often, these products gather dust because there is inadequate dissemination or reporting to alert practitioners in the field of aging and others about these activities. These goals can be achieved by requiring AoA to submit a detailed annual report to Congress describing title IV activities, products, and plans.

Finally, on title V, AARP favors retaining the title V SCSEP in the Department of Labor rather than transferring it to the Department of Health and Human Services. The SCSEP has been evaluated independently on several occasions, and has always received high marks.

For example, Senator, Morgan Management Systems conducted a title V study for the Federal Council on Aging, entitled "An Evaluation of the Performance of the Senior Community Service Employment Program." Sol Jacobson, a vice president of Morgan Management Systems said: "The Senior Community Service Employment Program is the most effective program I have ever evaluated, and in my opinion, it should be retained and strengthened."

These points are equally compelling today, but there are additional arguments for keeping title V in the Department of Labor. The SCSEP is admittedly an employment program. The Department of Labor has more experience and expertise in administering employment programs than AoA does.

Supporters of shifting title V to AoA have, in effect, a twofold burden of proof. First, they must show that the program will operate more effectively and efficiently without causing great disruption.

Second, they must demonstrate how this will occur. This case simply has not been made.

Title V is an extraordinarily effective program by any standard one could choose to use. It does not make sense to make a radical switch when the SCSEP has been so successful.

The proposed transfer would be disruptive for all concerned: The older enrollees, the program administrators, and the host agencies. Inevitably, shifts in funding would occur among States, which will force older persons to lose their jobs. Despite recent improvements in the overall employment picture, unemployment is still exceptionally high by historical standards for persons 55 or older.

So, I conclude, AARP reaffirms its support for the reauthorization of the Older Americans Act. We further urge prompt action on this important legislation for elderly persons and their families.

We recommend that a bill be sent to the President by early May. We simply believe that this objective can be obtained with appropriate planning and the continued bipartisan support from the Congress which has been a hallmark of the Older Americans Act throughout its history.

Finally, Mr. Chairman, the association urges the Congress to accept our proposal. These measures are much needed. They are realistic, and they will help to improve the Older Americans Act for the elderly and for our Nation.

I thank you very much.
[The prepared statement of Mr. Brickfield follows:]

TESTIMONY BY

CYRIL F. BRICKFIELD

EXECUTIVE DIRECTOR

AMERICAN ASSOCIATION OF RETIRED PERSONS

BEFORE A JOINT HEARING

BY

SUBCOMMITTEE ON AGING OF

THE SENATE LABOR AND

HUMAN RESOURCES COMMITTEE

AND THE SENATE COMMITTEE

ON AGING

ON

OLDER AMERICANS ACT REAUTHORIZATION

MARCH 20, 1984

Senator Grassley, Senator Heinz, and members of the Subcommittee on Aging and the Committee on Aging, the American Association of Retired Persons welcomes the opportunity to testify at this joint hearing on the reauthorization of the Older Americans Act.

At the outset, the Association wants to emphasize its strong support for the Older Americans Act.

Today, many elderly persons are able to live independently in their own homes because of the services provided under the Older Americans Act. Homemaker, home health, friendly visitor, chore, and telephone reassurance calls have not only helped older persons psychologically but have also enabled them to remain in their homes, rather than being placed in a nursing home at a higher public cost.

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Title IV research, training and demonstrations have served several essential functions for the Older Americans Act. Research projects have provided vital information to develop sound public

policies. Career-type training has prepared gerontology students for numerous positions in the field of aging--as managers of housing for the elderly, program administrators for national aging organizations, governmental analysts and a variety of roles elsewhere. Demonstrations have produced major innovations for the Older Americans Act and other programs, including the nutrition program for the elderly, Foster Grandparents, and educational television. AARP's Legal Counsel for the Elderly program has made effective use of retired volunteer attorneys to provide protective services for incapable, isolated older persons.

Finally, the Title V Senior Community Service Employment Program (SCSEP) has enabled low-income Older Americans to help themselves while helping others in their communities at the same time.

A. Extension of the Older Americans Act

Over the years, the Older Americans Act has served the elderly and our nation well. AARP strongly believes that the legislation should be extended for at least three years. This would enable service providers and others to make long-range plans and to chart out their activities more effectively. Moreover, it would still allow appropriate congressional committees to perform oversight responsibilities in reviewing the legislation.

B. Fine-Tuning Changes

AARP favors early action on the Older Americans Act reauthorization legislation. This is necessary to provide

funding through the regular appropriations process, rather than relying on a continuing resolution. We would like to have a bill signed into law by May. Otherwise, there is a risk that the reauthorization measure could become snagged in a legislative logjam during the summer because of Democratic and Republican conventions.

In order to move the reauthorization bill quickly, it will be necessary for the Congress to approve a measure which does not include controversial provisions. For this reason, the Association urges that the bill include primarily fine-tuning changes. However, the Association supports strengthening language for Title IV to clarify the scope and purpose of research, training, and demonstrations and strengthening language for increased participation by minorities in all Older Americans Act programs.

C. Increased Authorizations

Funding authorizations for Older Americans Act programs should be increased to take into account projected future inflation as well as the need to serve an expanding elderly population. We fully recognize that you are faced with difficult funding decisions, given the magnitude of the federal budget deficit.

We sincerely hope that an appropriate balance can be struck to assure that the elderly's growing needs are equitable considered. As advocates for the nation's aged, we obviously support higher funding levels. But, we also want to be fiscally responsible. These two goals, we firmly believe, can be attained.

D. Elevate AoA

The Older Americans Act and subsequent amendments make it clear that Congress intended that AoA should be a highly visible and strong advocate for the aged. However, AoA is currently a subunit along with several other agencies (such as the Administration on Developmental Disabilities), within the Office of Human Development Services at the Department of Health and Human Services.

The net impact is that AoA has not fulfilled this role because of its lower level status in the HHS organizational structure. We strongly believe that the aging agenda should be elevated within HHS and should be placed under the direction of a high level advocate with the clout to represent the interests of all older Americans. To accomplish this objective, an Assistant Secretary on Aging should be created to administer the Older Americans Act and to represent the interests of the elderly on subjects impacting on them.

E. Serving Minorities More Equitably

AARP generally supports fine-tuning changes for the reauthorization of the Older Americans Act. However, the Association urges that stronger language should be incorporated in Title III to promote increased participation by aged minorities in services programs. Older minorities receive about 18 percent of services under Title III of the Older Americans Act. But, their participation rate is nearly twice that level in the Title V Senior Community Service Employment Program (SCSEP), in large part because the SCSEP has more powerful language for

serving older minorities. In fact, aged minorities constitute about 33 percent of all Title V enrollees.

AARP believes that the Older Americans Act should state affirmatively that older minorities are a priority group for receiving services. Moreover, they should be served on the basis of their need for services.

F. Continue Legal Services as a Priority Service

Legal services programs should be continued as a mandated priority service under Title III of the Older Americans Act. Current language (section 306(a) (2)) provides that area agencies on aging shall provide assurances that an "adequate proportion" of Title III-B funds be allocated for three types of priority services--legal, access, and in-home services. Additionally, the Act directs area agencies to spend "some funds" on each priority service. The meaning of "some funds" is nebulous and leaves much to interpretation. Many area agencies simply allocate only nominal amounts for legal services, and some provide nothing at all.

AARP supports stronger language to assure, in fact, that "adequate" funding is available for legal services. We recommend that the current provision requiring the funding of legal services, in the absence of a waiver, be strengthened and made more complete. Specifically, we urge that an area agency's request for a waiver should be based upon a public hearing in which all interested parties are given an opportunity to appear and present testimony. The record of this hearing should accompany an area agency's request for a waiver from the state office on aging.

This is crucial because legal services--perhaps more than any other service under the Older Americans Act--can be subject to outside political pressures. Government agencies may urge area agencies on aging not to fund legal services because they do not want to be sued. Low-income older Americans are not as inclined to challenge a bureaucracy for an erroneous or illegal decision when legal services attorneys are not available. The power structure in localities may also apply pressure to area agencies on aging. Powerful interest groups within a community clearly have an advantage in a legal dispute with a low- or moderate-income older person who cannot afford a private attorney or obtain the services of a legal services lawyer.

G. Title IV Research, Training, and Demonstrations

Our number one goal for the Title IV research, training and demonstrations program is to obtain more adequate funding for these activities. Title IV appropriations have been cut sharply in recent years, from $54.3 million in fiscal year 1980 to $22.2 million in fiscal year 1984. Adequate funding and stronger language are essential for Title IV to fulfill its mission.

Title IV should be de-consolidated and separate program categories for research, education and training, and demonstrations should be restored. Moreover, the scope and purpose of each Title IV program should be described precisely and clearly. In addition, emphasis should be placed upon certain activities, such as expanded educational opportunities for minorities so that they can be placed in the field of aging.

Dissemination and reporting requirements should also be strengthened. Title IV has produced important research and other work products. But all too often, these products gather dust because there is not adequate dissemination or reporting to alert practitioners in the field of aging and others about these activities. These goals can be achieved by requiring AoA to submit a detailed annual report to Congress describing Title IV activities, products, and plans.

H. Title V Senior Community Service Employment Program

Finally, AARP favors retaining the Title V SCSEP in the Department of Labor rather than transferring it to the Department of Health and Human Services. The SCSEP has been evaluated independently on several occasions, and has always received high marks.

For example, Morgan Management Systems conducted a Title V study for the Federal Council on the Aging, entitled "An Evaluation of the Performance of the Senior Community Service Employment Program: Title V of the Older Americans Act." Sol Jacobson, a vice president for Morgan Management Systems, said, "The Senior Community Service Employment Program is the most effective program I have ever evaluated and in my opinion it should be retained and strengthened."

These points are equally compelling today. But, there are additional arguments for keeping Title V in the Department of Labor:

--The SCSEP is an employment program. The Department of Labor has more experience and expertise in administering employment programs than AoA.

--Supporters of shifting Title V to AoA have, in effect, a two-fold burden of proof. First, they must show that the program will operate more effectively and efficiently without causing great disruption. Second, they must demonstrate how this will occur. This case simply has not been made.

--Title V has been an extraordinarily effective program by any standard one would choose to use. It does not make sense to make a radical switch when the SCSEP has been so successful.

--The proposed transfer would be disruptive for all concerned: the older enrollees, the program administrators and the host agencies. Inevitably, shifts in funding would occur among states, which will force older persons to lose their jobs. Despite recent improvements in the overall employment picture, unemployment is at exceptionally high levels by historical standards for persons 55 or older.

J. Conclusion

AARP reaffirms its support for reauthorization of the Older Americans Act. We further urge prompt action on this important legislation for elderly persons and their families.

We recommend that a bill be sent to the President by early May. We sincerely believe that this objective can be obtained with appropriate planning and the continued bipartisan support from the Congress which has been a hallmark of the Older Americans Act throughout its history.

Finally, the Association urges the Congress to accept our proposals. These measures are much-needed. They are realistic. And, they will help to improve the Older Americans Act for the elderly and our nation.

Senator GRASSLEY. Now, Mr. Brickfield, can you stay for questions, or do you have to leave?

Mr. BRICKFIELD. No. I have to leave, but Mr. Affeldt will stay.

Senator GRASSLEY. All right, fine. I was going to have a full round of questioning just with you, but if you have to go, then I think we should let you go, and we will receive Dr. Binstock's testimony, and then ask questions.

So, would you go ahead, Dr. Binstock?

Dr. BINSTOCK. Thank you, Mr. Senator, Senator Heinz, Senator Warner.

I apologize to you for not submitting to you an advance copy of my statement, but due to the timing and logistics of my invitation, I prepared it on the plane.

As I understand it, you would like me to present a perspective on the Older Americans Act that focuses beyond the current issues involved in the pending reauthorization, to take a longer range perspective this morning, looking at the next decade or so and particularly to place the Older Americans Act in the broader context of the implications of an aging society. In doing so, I will specifically suggest that we begin to think about two changes bearing upon the Older Americans Act.

First, I am going to suggest that we make some dramatic changes bearing on the Commissioner's so-called focal point coordination role. Frankly, I do not think any one administering the Administration on Aging, no matter where they are lodged, can exercise that role effectively at this point, simply because in the overall picture, it is really a relatively negligible agency, and it is not a very effective power base for the focal point role. And second, I am going to suggest a change in the basic role of the title III network, moving away from a service orientation, which it has developed in a creative and useful way, to more of a linkage orientation.

But before I discuss these two possible changes, I would like to take a few minutes to place them in the context of what I believe to be the larger challenges of an aging society. Much of what I say may seem outrageous or absurd. I only suggest to you that the half-life of the absurd is pretty short these days. I remember in 1978, being at a National Journal Conference and in passing, saying in a speech that one of the routine things that could be done about Social Security was taxing benefits, and most of the people there were apoplectic at the thought of such a bizarre notion.

Senator HEINZ. They still are, by the way.

Dr. BINSTOCK. Well, but here we are.

In any event, over the past 5 or 6 years, we have all been suddenly confronted with the specter of an aging society, characterized by what has been portrayed as "the unsustainable economic burden of a graying America," rationing of health care resources with the possibility that old age will become a prime criterion for such rationing; competition between young and old in the workplace, in the context of rapid technological change, seniority practices, and age discrimination in employment laws; radical changes in the magnitude and nature of family and kinship responsibilities and relationships, and a potential politics of intergenerational conflict, in which some have claimed that older persons would have sufficient power to block and veto, or control any major policy changes.

Some of these fears that have been purveyed by the media are obviously exaggerated. On the other hand, I think to some extent, they may be well-founded unless we move from our 20th century pattern of age relations and the policies they express to a 21st century pattern of age relations and new policies to express them.

As we know, in many discussions of policy dilemmas on aging the issues have crystallized around old age versus need as considerations for appropriate bases for policy. Some persons have tried to diplomatically mediate between these polar extremes by saying, "Well, if we used an age like 75 and older, then we would simultaneously have an age categorical program and have a good proxy for need." I will not go into the reasons for it, but I do not think that this really holds up in terms of being a proxy for need.

I would like to suggest that we shift the framework of this discussion just somewhat, not dramatically, to a slightly different axis, as we consider ways to meet the challenges that lie ahead.

If we look over the past 50 years, we will find that our policies on aging have been developed on the basis of a compassionate ageism, characterized by two overriding assumptions—one, that older persons are homogeneous, they are all the same; and two, that most of the conditions we associate with old age are inevitable outcomes of the aging process. And we have embodied these assumptions in a great many policies, spending enormous sums of money. But largely because of these assumptions, the resources have not been targeted with high effectiveness for alleviating the worst conditions of suffering and deprivation within the older population. And at the same time, these policies have been engendering a potential for intergenerational conflict. All we need to think of are these many discussions, for example, of how many workers would it take to support retired persons. Well, I suggest to you that is an artifact of the policy that earmarks payroll taxes for the social security system. We are not talking about how many workers will it take to support a battleship, or an admiral's salary, or a tobacco subsidy, or an investment tax credit, or an oil depletion allowance. Basically, the dependency-ratio discussion is just framed by this earmarked tax, for which there is no inherent reason that we have to use as the revenue source to support our social security expenditures.

Ironically, the two assumptions that are underlying our policies, this homogeneity—they are all the same—and the inevitability of old age conditions, are contradicted by everything we know, the most elementary things we know, from every academic and professional perspective on the conditions of aging. Older persons are notably diverse, economically, politically, psychologically and socially, and their conditions of old age are very much shaped by their young years, their young adult years, and their middle-aged years. We only need to think of income to see how conditions are shaped for old age by events in earlier years.

I think the challenge that lies ahead is to throw away the distorted lenses of this homogeneity and the inevitability of conditions of old age and policies that express them, and to look through the clear lenses of the diversity within the older population and the opportunities we have for shaping things throughout the life course to make the conditions of old age different.

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This would involve policies that, (1) have a more selective targeting of public resources among those persons who are old now and will soon be old, and (2) policies aimed at young adults and middle-aged adults explicitly for the purposes of improving their conditions of old age before it is too late.

The implications of this could be enormous in terms of public policy, in the private sector, and in community and family relationships. Many of us have been using this term, "the aging society," as if we were simply extending our present policies into the future, slightly modified, and plugging into the equation a great many more older persons. But an aging society might very well be a different kind of a society from that with which we are familiar.

It is not inconceivable to think, for example, that rather than have a pay-as-you-go compulsory old age insurance program, or so-called insurance, against inadequate income in retirement, we may prefer a national program of advance-funded, compulsory insurance against the catastrophic costs of long-term care.

In the workplace, group health insurance could very well include insurance against the costs of long-term care for parents, even as maternity benefits are a standard component of the package now.

In many municipalities and counties, day care, respite care, and home care services may come to be regarded as essential services, as vitally important to finance through local taxes as police, fire protection, and other public health services.

We may invest heavily in the development of sophisticated medical technology, and procedures in early detection and prevention of disease and disability, rather than dramatic remedial technology and procedures. This in turn could substantially elevate the status, roles and impact of those in the health professions who are working in health promotion and in disease and disability prevention.

In the area of acute care, for those who are now old or will soon become old, we may see very soon medicaid and medicare merged, financed out of general revenues, with a sliding fee scale and administered by the Federal Government, as medicare is now.

Well, perhaps this is more than enough general speculation about an aging society and its policies.

Let me turn now, briefly, to my more specific comments about the Older Americans Act within this context. A focal point for policy on aging in AoA? Well, as we know, over 27 percent of the Federal budget is currently expended on aging. The Secretary of HHS is in some sense responsible for coordinating many of the major policies affecting aging, though by no means all of them, and certainly, she is not charged with being the focal point of concern for how Federal policies in their totality affect older persons themselves or how they affect age relations in our society.

Since its inception in 1965, the Older Americans Act has lodged statutory authority for this responsibility with the Commissioner of AoA. For a variety of reasons, throughout the five commissionerships of AoA, this responsibility has not been exercised in notable fashion.

I believe it is safe to say at this point that the potential for this role to be effectively exercised by any Commissioner of AoA has been almost totally eroded. Yet the need for this role is now greater than ever. Given the complexities involved in the financing, or-

ganization, and use of health care resources, given mechanisms that integrate private pensions and Social Security, welfare notch effects, issues concerning the viability of the Pension Benefit Guaranty Corporation, early retirement or "golden handshake" incentive programs, age discrimination laws and technological change in the workplace, and on and on—and especially if an aging society means some of the drastic changes I have talked about—then the need for a focal point with respect to policies on aging and age relations is greater than ever.

Now, Congress has periodically considered proposals to have AoA report directly to the Secretary in order to have this leadership role more fully developed. I think it is time to begin considering far more dramatic steps. In the total picture of policies on Aging, AoA is not significant enough for its head to be the focal point for policy on aging. We are talking about an agency that spends less than a billion dollars in a total context of a government that spends about $250 billion on aging. At the very least, I think today's situation requires us to start thinking about an Assistant Secretary in HHS responsible for coordinating all of the Department's policies on aging and age relations, including the operations of SSA, HCFA, and all the others. And more frankly, in an aging society, when we are already spending as much on aging as we are on defense, I do not think it is too soon to begin thinking about a future creation of a Department on Adult Development and Aging. I would have thought such an idea absurd until a few years ago. In fact, when I directed a White House task force nearly 20 years ago, and a member of the task force suggested it, I did think it was absurd. Today, I am not so sure.

Let me emphasize, I am not suggesting that what we need is a strong advocate for older persons in the traditional sense of compassionate ageism, which implies that all older persons are the same, inevitably downtrodden, and all in need of Government assistance. I am suggesting that we need to have a powerful administrative official, responsible for having an overview of policies on aging, for their differential implications for persons within the older population, and for the relevance of other social policies in shaping the conditions of old age.

Finally, a few words about the role of the aging network supported through title III. In principle, the current AoA legislation is excellent in its present form, because it makes it possible for title III to be targeted to a variety of economic and social needs of older persons, where and when they are perceived to exist. But without an exponential increase in resources, title III will simply remain excellent in principle, providing help to some older Americans, certainly; providing creative and useful examples of what can be accomplished, yet unable to make but a dent in the major issues of an aging society.

Current title III resources are insubstantial for meeting any one need, even if you and your colleagues decided to target all those resources to just one single goal or constituency within the older population. As we look to the future, I do not think it makes sense to expand title III exponentially as a full-fledged categorical service system, not when much larger service developments are taking place in a variety of institutions within our society; when hospitals

are developing long-term care programs in sponse to the pressures of DGR's; when the VA is reaching out to become somewhat integrated with the larger community of health and social services; when life care communities and housing for the elderly are developing a range of services; when HMO's are experimenting with long-term care; when middle-aged children of middle income are developing as a strong market for purchasing services to help them with their parents.

Title III has been an excellent vehicle for identifying and exemplifying the challenges of an aging society, for developing creative responses to these challenges, and for generating a structure or a network of entities concerned with the issues of aging throughout the Nation.

Now, as all of the institutions in our Nation are aware of and beginning to cope with the issues in an aging society, we might begin to think about a new role for the title III network. Perhaps it would be wise for us to stop looking at it as a skimpily funded, almost token service delivery system, and begin to view it as a structure to link older persons and their families with the larger, more generic service systems. In this light, future amendments to the Older Americans Act might emphasize the title III network as a structure, a structure for access, information, assessment and referral; a structure for outreach to those who may need assistance, but who may be either unaware of that need or unaware of how to access service systems; and a structure for advocacy planning within the larger service systems of the respective communities and States.

In short, I believe that the Older Americans Act has been extremely valuable over nearly 20 years in helping us all to become aware of the implications of an aging society. When it was first enacted, few if any sectors of American life were aware of the societal issues and challenges associated with aging. That awareness has been achieved. American society has shifted its focus to older persons and age relations, and now I believe it is time to begin thinking about shifting the focus of the Older Americans Act to a second stage of leadership.

This concludes my remarks, and I will be pleased to answer any questions.

Senator GRASSLEY. On that last point, what do you visualize, then, in the future if the network does become a linkage organization as opposed to a service organization; what group would continue doing the service work that the network now does?

Dr. BINSTOCK. I would think that if Congress wanted to have a nutrition program, which is certainly unique to the Older Americans Act, I would keep that. But I would think the notion of the older Americans network becoming a principal actor in long-term care issues does not make a lot of sense. I see that as an area of development that is going to just swallow up the thin resources of the Older Americans Act network. And I believe on those issues, on issues of housing, on issues of community relations, and so on, that it makes no sense for AoA to be the principal service provider.

The nutrition program could be an excellent access operation. In many ways, I have always viewed it as a "mousetrap" program—

you provide a little cheese to get the older persons in there and get them into the system.

Senator GRASSLEY. Now going back to your first point about changing the status of the Office of the Commissioner, first of all, with reference to your comment, I am not so sure—are you moving in the direction of being more sure?

Secondly, the timing for your suggestion. Are you talking about well into the future to start thinking about it, or do you anticipate during this reauthorization period of the next 3 years, or however long we reauthorize, that it be done anticipating a change immediately in the next reauthorization, and whether or not your position is just one of moving it out of a Cabinet department, or is it specific Cabinet status or an independent status?

Dr. BINSTOCK. Well, I certainly do not think it ought to be out of a department.

Senator GRASSLEY. It ought to be part of a Cabinet——

Dr. BINSTOCK. Part of a department, or perhaps a department itself, ultimately, if we are farsighted. When we are spending as much on this as we are on defense, I do not think that is quite so incredible. But I certainly think that, following the line of Senator Heinz' questioning earlier to Secretary Hardy and Dr. Tolliver, that it is critical that someone who is concerned with how all these policies fit together and how they impact on older persons in different ways, be sitting there with authority to coordinate policies with respect to medicare and medicaid and social security and SSI, as well as this less-than-billion-dollar AoA program, not to mention the VA, not to mention ERISA and the PBGC and NIA, and so on. Now, nobody is going to get it all, but there are big things happening with respect to aging; it is most of our social program budget, and it seems rather silly to me that this, frankly, small agency should have the statutory authority, even if it were reporting directly to the Secretary, to coordinate its big brothers and sisters, sitting there within the Department. I think it has at least got to be an assistant secretary within HHS for the next reauthorization.

Senator GRASSLEY. So that is something we should be thinking about, then, in the period of time that we reauthorize this bill.

Senator Heinz, then Senator Evans, then Senator Warner, and then Senator Bradley.

Senator HEINZ. Mr. Chairman, first, I would just like to take note of the fact that our two newest members of the Special Committee on Aging are with us, Senator Dan Evans of Washington State, and Senator John Warner of Virginia.

Senator BRADLEY. Mr. Chairman, could I interrupt for just a second. You anticipate this hearing going until what time?

Senator GRASSLEY. Probably until 11 o'clock, if this questioning does not take too long.

Senator BRADLEY. Thank you.

Senator GRASSLEY. We will have questioning time of five minutes.

Senator HEINZ. Mr. Chairman, I intend to be very brief, but I want to just, on the record, welcome our two newest members officially. I was denied that opportunity when Senator Warner, I know, was present at our Friday hearing. I welcome them both

and, I know they will be valuable members of this committee. Gentlemen, thank you for participating in this hearing.

My question to Dr. Binstock is this. Dr. Binstock, you express very strong reservations about stretching the capacity of the aging network that operates under title III into doing more and more service delivery. You said it would overwhelm the network. Now, one of the proposals we have is for the development under title III is a client-centered assessment system to assure the accessibility of case management services as a primary component of community-based long-term care.

Now, would you define that as service delivery or linkage?

Dr. BINSTOCK. I think it goes back to your earlier comment about beauty being in the eyes of the beholder, with Assistant Secretary Hardy. I would hope that if such an operation were launched and funded to a greater extent that it would be a linkage operation.

Senator HEINZ. Is there any reason that making sure there is a case management system, could be considered linkage rather than provision of direct services?

Dr. BINSTOCK. I think it is certainly open to being linkage, especially if one can get clients out of the hands of the AoA case manager at some point and into a larger setting, once the assessment and the linkages are made.

Senator HEINZ. Are the area agencies on aging worth considering for that function, and are there any other alternatives?

Dr. BINSTOCK. I think they are worth considering, because over the some 10 or 11 years since they have been launched, in the 1973 amendments, they have become visible in the communities throughout the country so that a high percentage of older persons and their families have some sense of them. They may not know the name of the area agency, but they know there is that entity out there, and I think that is important, to preserve that.

Senator HEINZ. What would be the principal alternative to using the area agencies?

Dr. BINSTOCK. I do not think there is a good one. I think an alternative would be rather haphazard, with the result that people would be well into the acute and long-term care systems before they got into a linkage.

Senator HEINZ. Thank you very much, Mr. Chairman.

Senator GRASSLEY. Senator Evans.

Senator EVANS. Thank you, Mr. Chairman.

I am pleased with this opportunity to join the committee to take part in what increasingly is going to be a priority issue for this nation, and along with everyone else, daily getting older, I have a very personal interest in the future well-being of those who are aged.

I guess my experience as Governor started almost coincidental with the passage of the act in 1965. We have seen great growth since then, but I have a couple of questions that I am not sure you covered in your testimony. Unfortunately, I had to step out to introduce a colleague in front of the Judiciary Committee.

I have been increasingly concerned during that period of time as an administrator at the State level with the penchant of the Federal Government to institute new programs, and once new programs were instituted, then proceed to splinter them into tinier and tinier

compartments with less and less opportunity for interchange between elements, and the general attitude from one level of government to the other was that of suspicion and concern rather than trust and cooperation.

I see in some of the written testimony of those who preceded you, including Mr. Brickfield, talk of deconsolidation, talk of more specificity, and that distresses me. I wonder if you could comment just from your own viewpoint and experience on this whole question of how specific must we be or should we be in the relationship of the Federal act to the various State and area agencies and how much flexibility should we give—more, less, or the same amount than we have now, recognizing that there are enormous differences between states and communities in their makeup?

Dr. BINSTOCK. I think that the current legislation is about right, as I testified to Senator Grassley back in November, with respect to its capacity for state and local flexibility and determination. I do not think it needs any major changes on that—perhaps, greater consolidation and local discretion would help. But frankly, the current legislation allows virtually anything other than transferring more than 20 percent of funds between nutrition and supportive services. That is really about the only major restriction.

And, as Senator Grassley will recall, testifying on about 20 different options that one could see that were politically viable and administratively feasible under the current law and regulations for targeting virtually anybody you wanted to, if that was your political decision at the State or the local level.

So I do not think it needs any drastic change in one direction or the other, Senator Evans.

Senator EVANS. Do you have any feel as to what has happened during the course of the last—well, over the whole history of the act—in terms of the amount of money from the total appropriations which has been required for administration of the act and carrying it out at all levels?

Dr. BINSTOCK. For the administration and services together, or just the administrative costs?

Senator EVANS. No; the administrative costs. And that is probably an inaccurate question because what is administrative to some is service delivery to others, I suppose. But I guess I am talking about the amount of money that does not get directly to the recipients.

Dr. BINSTOCK. I do not think there is any great problem on that, Senator. I mean, given the real world in which there are always some things less than optimal in that respect, I think this program does a pretty good job of getting the services out there for the money. Particularly the nutrition program is an excellent vehicle for that. It delivers something hard, if you will. When you get a maal, you've got a meal. And I think it has done very, very well in that respect. I think the real issue is that as we have seen this act's oppropriation grow from about $12 or $15 in 1966, up to its present size and then hold, we have been holding in abeyance the issue of are we going to make a VA out of this—maybe an "OA" in that sense—or have we got a new mission for it at this point. But I think the money is well-used.

Senator EVANS. I must tell you in passing, I would hope that we do not make a VA out of it.

Senator GRASSLEY. Senator Bradley.

Senator BRADLEY. Thank you, Mr. Chairman.

Senator GRASSLEY. I am sorry, I should have explained. Mr. Affeldt is here on behalf of the AARP, because Mr. Brickfield had to give his testimony and leave, but he can answer the same questions.

Senator BRADLEY. Well, anyway, Mr. Affeldt, in Mr. Brickfield's testimony, he said that he thought we ought to give more consideration to minorities in title III. Could you expand on that?

Mr. AFFELDT. Yes. Minorities constitute about 13 percent of the total aged population. However, according to recent equity studies conducted on behalf of the Administration on Aging, the conclusion is that minorities have a need for services at about 2½ to 4 times the level of the nonminority aged population.

Moreover, minorities' poverty rate is about 2.8 times the level for the nonminority aged population. Blacks, for example, have a poverty rate that is about 3 times the level of whites.

Senator BRADLEY. So, what do you recommend, if those statistics clearly say that there is the need; how do you propose that we meet that need?

Mr. AFFELDT. We are proposing that there should be greater attention to the need for services for minorities, and the legislation should state affirmatively that minorities are a priority group for receiving services and they should be served on the basis of their need for services, rather than taking into account proportionality. When you are taking into account proportionality, then the conclusion could be made that minorities are being served equitably now, because they receive about 18 percent of the services under title III, and they represent a little more than 13 percent of the total aged population. But that is a simplistic way of viewing it, because minorities clearly have a much greater need for services.

Senator BRADLEY. Thank you very much. One other question. In your testimony, Dr. Binstock, you indicated, or it seemed to me that you indicated, that you did not see a role for the Older Americans Act in the mix of programs that might deliver long-term home health care to senior citizens. Is that correct, and if so, is your concern only that somehow or another, it will get mixed up and lost in this process? Is there any way that the Older Americans Act could supplement a home health care approach for long-term care?

Dr. BINSTOCK. Senator Bradley, my main concern is simply that, at its present level of funding, it can have only a minor impact. And I think that if we could shift to this linkage type of role, using the funds we have under the Older Americans Act, where this is the point of access and the point of outreach with respect to home care and potential home care issues, I think that could be a very important role. I think that in the delivery and provision of home care what we have got under the Older Americans Act is just a drop in the bucket, and it is going to be swamped by what is going on already with our hospitals, verticalizing into boarding houses and halfway houses, as they try to get patients out of the hospitals under the DRG's and all the other developments.

Senator BRADLEY. Thank you very much.

Thank you, Mr. Chairman.

Senator GRASSLEY. Thank you, Senator Bradley, and I want to thank you and also, Senator Warner and Senator Evans for coming.

And let me also say what I have said at a previous meeting, that we have had good attendance by members of the subcommittee, and I have always noticed good attendance by the Special Committee on Aging anyway, of most every meeting that they have had.

One last question, Dr. Binstock. This is in regard to the linkage and trends you see and what you see ought to be taking place in the working of the aging network, and then how to deliver services.

Do you see a growth of services to the older Americans within the private sector to fill a void or to meet an increasing need?

Dr. BINSTOCK. I see it in relation to the demand of middle-income, middle-aged children, who want to buy a piece here and piece there that make it viable to keep mom and dad, or an in-law, at home. I do not see it, of course, in relation to low-income families, because there is no public reimbursement for those pieces of what we call the continuum of care. There, I think we are going to need some vigorous advocacy planning with respect to the allocation of title XX services, and a lot of pressure at the State and local government level in those communities where this is going to become a major public health issue. Many communities will be heavily impacted by the demand for long-term care, and I really do think this will be seen as a vitally urgent service as our society changes demographically.

Senator GRASSLEY. I want to thank you and the panel, Mr. Affeldt, who has been here so often, thank all of you for participating, and ask you to keep in touch with us. I am sure you will over the next 5 years. You have been looking that far ahead.

Dr. BINSTOCK. Thank you, Senator.

Senator GRASSLEY. I want to apologize to the last panel. I have to go to Finance, but Senator Evans has consented to chair the hearing, and I want to thank him for doing that for me, and say to the next panel that I will be able to read your testimony and also encourage you, as I have encouraged every other panel or witness, to in the next 2 to 3 weeks, if you have any points of view on this legislation, keep in touch with us, because the subcommittee would anticipate marking up within that period of time.

Thank you, Senator Evans.

[Whereupon, Senator Evans assumed the Chair.]

Senator EVANS. The next panel will please come forward. We are pleased to welcome this distinguished panel to this hearing.

We will go through each of the presentations and then get into whatever questions and discussions might ensue after that.

First is Commissioner Jean Grant, from Citrus County, FL, from the National Association of Counties. I understand you are having your national meeting here in Washington, DC, currently and we are delighted to welcome you.

STATEMENT OF JEAN GRANT, COMMISSIONER, CITRUS COUNTY, FL, ON BEHALF OF NATIONAL ASSOCIATION OF COUNTIES, WASHINGTON, DC; HON. ROBERT M. BUHAI, MAYOR, HIGHLAND PARK, IL, ON BEHALF OF U.S. CONFERENCE OF MAYORS; AND HON. CANDACE S. TONGUE, MAYOR, WENDELL, NC, ON BEHALF OF THE NATIONAL ASSOCIATION OF REGIONAL COUNCILS, WASHINGTON, DC, ACCOMPANIED BY GEORGE GABERLAVAGE, NATIONAL ASSOCIATION OF REGIONAL COUNCILS

Ms. GRANT. Thank you, Senator Evans. We have had a marvelous time. It has been a very learning experience, as usual, being in Washington. Thank you for staying with us while we make the presentation.

I am from a small rural county. I presently serve as the chair for aging for the National Association of Counties' Human Services Steering Committee. I am also vice president of the National Association of County Aging Programs, which is an affiliate of the National Association of Counties. I appear here today to present NACO's views on the reauthorization of the Older Americans Act.

I, because of time restraints, will not go through my entire testimony here, but there are certain things that I would like to stress, so if you will bear with me.

The counties have a major role in addressing the needs of all older Americans. One-third of the 650 area agencies on aging function as units of county government. Where the area agency is not a unit of county government, counties still allocate substantial revenues to fund or supplement social services and health care for the elderly.

In addition to the Older Americans Act, counties also serve as the major general-purpose local government that finances and administers a range of other programs that serve the elderly, including medicaid, medicare, and SSI.

As a side point—and I had hoped that Senator Grassley could stay with us—Polk County, IA, is currently putting in $1.2 million to match aging programs, and unfortunately, cannot and have not been awarded area agency designation. We also have an area in Florida that is experiencing the same constraints.

When you consider the breadth of the services counties deliver to the elderly, you sense the monumental impact that the dramatic increase in the aged population, coupled with skyrocketing health care costs will have on county governments and their budgets.

In my own county, as I stated, we have one of the fastest-growing elderly populations in the Nation, with 29 percent of the population over age 65, compared with 11 percent nationally. Slightly over 40 percent of the county's population is over the age of 60, and this group is expected to continue. Within the next 10 years, we expect a 64-percent increase.

It is for these reasons that counties strongly support the programs authorized under the Older Americans Act and recognize their invaluable contributions to ensuring that the essential supportive services, nutrition, and employment needs of our Nation's elderly are met.

The National Association of Counties endorses the reauthorization of the Older Americans Act, and urges Congress to appropriate

adequate funds for the continued implementation of these programs nationwide.

We offer the committee seven recommendations, and if you will bear with me, I will just highlight them.

NACO recommends that the leadership position of the Commissioner on Aging be strengthened to allow for an increased role in the provision of long-term care and employment services to the elderly.

Since local elected officials are accountable to the public for the adequate financing and administration of services for the aged, NACO recommends that the Older Americans act be amended to allow local governments the right of first refusal to become an area agency on aging. I gave you some pointers on that previously.

NACO also endorses a comprehensive system of long-term care that ranges from community-based health and social services to acute and long-term institutional care. We recommend that the act encourage the aging network, in cooperation with local governments' work toward strengthening support in the act for case management systems and such, the services as adult daycare, health and respite care, and home health care which are very vital to the county system.

Under the title III grants for the State and community programs on aging, NACO believes that the Congress should continue to support and expand the current statutory flexibility given to area agencies on aging in determining the allocation of resources to services.

NACO strongly opposes the administration's proposed transfer of the USDA Food Commodities Program to the Administration on Aging. The match moneys which such a transfer would require would be devastating to the counties' budget.

Under title IV, NACO strongly opposes the administration's proposal to cut the title IV programs, and I think we would certainly support the statements that have been made here earlier today on that subject.

As for our seventh and last recommendation, NACO recommends that the oversight responsibilities for title V Senior Community Service Employment Act should be shifted from the Department of Labor to the Administration on Aging, and I think our comments submitted support this.

So, I have cut this very short and will answer any questions.

Senator EVANS. Thank you very much.

[The prepared statement of Ms. Grant follows:]

STATEMENT OF THE HONORABLE JEAN GRANT, COMMISSIONER, CITRUS COUNTY, FLORIDA, ON BEHALF OF THE NATIONAL ASSOCIATION OF COUNTIES* (NACo) BEFORE THE SENATE SUBCOMMITTEE ON AGING OF THE LABOR AND HUMAN RESOURCES COMMITTEE AND THE SENATE SPECIAL COMMITTEE ON AGING ON THE REAUTHORIZATION OF THE OLDER AMERICANS ACT.

SENATOR GRASSLEY, SENATOR HEINZ AND MEMBERS OF THE COMMITTEES, I AM JEAN GRANT, A COMMISSIONER FROM CITRUS COUNTY, FLORIDA. I PRESENTLY SERVE AS THE CHAIR FOR AGING ON THE NATIONAL ASSOCIATION OF COUNTIES (NACo) HUMAN SERVICES STEERING COMMITTEE. I AM ALSO THE VICE PRESIDENT OF THE NATIONAL ASSOCIATION OF COUNTY AGING PROGRAMS, WHICH IS AN AFFILIATE OF NACo. I APPEAR HEAR TODAY TO PRESENT NACO's VIEWS ON THE REAUTHORIZATION OF THE OLDER AMERICANS ACT.

COUNTIES AND ELDERLY SERVICE DELIVERY

COUNTIES HAVE A MAJOR ROLE IN ADDRESSING THE NEEDS OF ALL OLDER AMERICANS. A THIRD OF THE 650 AREA AGENCIES ON AGING FUNCTION AS UNITS OF COUNTY GOVERNMENT. WHERE THE AREA AGENCY IS NOT A UNIT OF COUNTY GOVERNMENT, COUNTIES STILL ALLOCATE SUBSTANTIAL REVENUES TO FUND OR SUPPLEMENT SOCIAL SERVICES AND HEALTH CARE FOR THE ELDERLY.

IN ADDITION TO THE OLDER AMERICANS ACT, COUNTIES ALSO SERVE AS THE MAJOR GENERAL PURPOSE LOCAL GOVERNMENT THAT FINANCES AND ADMINISTERS A RANGE OF OTHER PROGRAMS THAT SERVE THE ELDERLY, INCLUDING MEDICAID, MEDICARE, AND SSI. COUNTIES OWN APPROXIMATELY ONE THOUSAND NURSING HOMES AND LONG-TERM CARE UNITS IN COUNTY HOSPITALS. OF THE 1900 PUBLIC HOSPITALS IN THE COUNTRY, NEARLY 1,000 ARE COUNTY FACILITIES. BOTH THE

*THE NATIONAL ASSOCIATION OF COUNTIES (NACo) IS THE ONLY NATIONAL ORGANIZATIONAL REPRESENTING COUNTY GOVERNMENT IN THE UNITED STATES, THROUGH ITS MEMBERSHIP, URBAN, SUBURBAN, AND RURAL COUNTIES JOIN TOGETHER TO BUILD EFFECTIVE, RESPONSIVE COUNTY GOVERNMENT. THE GOALS OF THE ORGANIZATION ARE TO: IMPROVE COUNTY GOVERNMENT; ACT AS A LIAISON BETWEEN THE NATION'S COUNTIES AND OTHER LEVELS OF GOVERNMENT; ACHIEVE PUBLIC UNDERSTANDING OF THE ROLE OF COUNTIES IN THE FEDERAL SYSTEM.

COUNTY NURSING HOMES AND HOSPITALS HAVE HISTORICALLY ASSUMED FINAL RESPONSIBILITY FOR THE AGED AND OTHER CHRONICALLY ILL INDIVIDUALS.

COUNTY HEALTH DEPARTMENTS ALSO PROVIDE SUCH SERVICES TO THE ELDERLY AS VISITING NURSES TO THE HOMEBOUND, PERIODIC SCREENING PROGRAMS, AND HOME HEALTH AIDES. COUNTY DEPARTMENTS OF SOCIAL SERVICES AND AREA AGENCIES ON AGING PROVIDE HOME-MAKER AND CHORE ASSISTANCE FOR THOSE - MAINLY THE OLD - WHO ARE NO LONGER ABLE TO PERFORM SUCH SIMPLE TASKS AS PREPARING A MEAL, DRESSING OR BATHING.

WHEN YOU CONSIDER THE BREADTH OF SERVICES COUNTIES DELIVER TO THE ELDERLY, YOU CAN SENSE THE MONUMENTAL IMPACT THAT THE DRAMATIC INCREASE IN THE AGED POPULATION, COUPLED WITH SKYROCKETING HEALTH CARE COSTS, WILL HAVE ON COUNTY GOVERNMENTS AND THEIR BUDGETS.

IN MY OWN COUNTY, CITRUS COUNTY, FLORIDA, WE HAVE ONE OF THE FASTEST GROWING ELDERLY POPULATIONS IN THE NATION, WITH 29 PERCENT OF THE POPULATION OVER AGE 65 COMPARED WITH 11 PERCENT NATIONALLY. SLIGHTLY OVER 40 PERCENT OF THE COUNTY'S POPULATION IS OVER THE AGE OF 60.

AND, THIS GROWTH IS EXPECTED TO CONTINUE. THE POPULATION OF CITRUS COUNTY IS EXPECTED TO INCREASE BY 64 PERCENT WITHIN THE NEXT 10 YEARS - FROM AN ESTIMATED 58,500 IN 1982 TO 96,300 IN 1992. THIS GROWTH WILL LARGELY REFLECT THE MIGRATION OF THOUSANDS OF RETIREES FROM THE NORTHEAST.

FOR A RELATIVELY SMALL RURAL COUNTY, THIS DRAMATIC INFLUX OF ELDERLY RESIDENTS IS RESULTING IN A NEED FOR THE COUNTY TO PLAN FOR, COORDINATE AND DELIVER A MYRAID OF ELDERLY SERVICE.

IT IS FOR THESE REASONS THAT COUNTIES STRONGLY SUPPORT THE PROGRAMS AUTHORIZED UNDER THE OLDER AMERICANS ACT AND RECOGNIZE THEIR INVALUABLE CONTRIBUTIONS TO ENSURING THAT THE ESSENTIAL SUPPORTIVE SERVICES, NUTRITION AND EMPLOYMENT NEEDS OF OUR NATION'S ELDERLY ARE MET.

THE NATIONAL ASSOCIATION OF COUNTIES ENDORSES THE REAUTHORIZATION OF THE OLDER AMERICANS ACT AND URGES THE CONGRESS TO APPROPRIATE ADEQUATE FUNDS FOR THE CONTINUED IMPLEMENTATION OF THESE PROGRAMS NATIONWIDE. ALTHOUGH WE FEEL THAT OVERALL THE OLDER AMERICANS ACT PROGRAMS ARE WORKING WELL, WE OFFER THE COMMITTEES SEVEN RECOMMENDATIONS WHICH WE FEEL WOULD STRENGTHEN THE INTENT AND IMPLEMENTATION OF THE ACT.

1. ADMINISTRATION ON AGING

IN ORDER TO GIVE GREATER RECOGNITION TO THE IMPORTANCE OF OLDER AMERICANS AND AGING ISSUES, NACo RECOMMENDS THAT THE LEADERSHIP POSITION OF THE COMMISSIONER ON AGING BE STRENGTHENED TO ALLOW FOR AN INCREASED ROLE IN THE PROVISION OF LONG-TERM CARE AND EMPLOYMENT SERVICES TO THE ELDERLY. WE FEEL THAT THE COMMISSIONER SHOULD BE GIVEN INCREASED ABILITY TO IMPACT ON THE ACTIVITIES OF OTHER FEDERAL DEPARTMENTS AND AGENCIES SO THAT BETTER COORDINATION OF SERVICES TO THE ELDERLY IN THESE AND OTHER AREAS CAN BE ACHIEVED.

2. LOCAL ROLE/RESPONSIBILITIES

SINCE LOCAL ELECTED OFFICIALS ARE ACCOUNTABLE TO THE PUBLIC FOR THE ADEQUATE FINANCING AND ADMINISTRATION OF SERVICES FOR THE AGED AND ARE ALLOCATING MILLIONS OF DOLLARS NATIONWIDE TO PROVIDE AND SUPPLEMENT AGING PROGRAMS, LOCAL GOVERNMENTS SHOULD BE GIVEN GREATER AUTHORITY TO DETERMINE HOW AGING SERVICES ARE ADMINISTERED, COORDINATED AND PROVIDED. TO ACHIEVE THIS, NACo RECOMMENDS THAT THE OLDER AMERICANS ACT BE AMENDED TO ALLOW LOCAL GOVERNMENTS THE RIGHT OF FIRST REFUSAL TO BECOME AN AREA

AGENCY ON AGING. IN THOSE CASES WHERE THE LOCAL GOVERNMENT IS NOT CHOSEN OR DOES NOT CHOOSE TO BE AN AREA AGENCY ON AGING, THE AGENCY SHOULD BE REQUIRED TO CONSULT WITH AND INVOLVE LOCAL ELECTED OFFICIALS IN ITS PROGRAM PLANNING PROCESS AS WELL AS THE IMPLEMENTATION OF THOSE PLANS.

3. LONG-TERM CARE

NACo ENDORSES A COMPREHENSIVE SYSTEM OF LONG-TERM CARE THAT RANGES FROM COMMUNITY BASED HEALTH AND SOCIAL SERVICES TO ACUTE AND LONG-TERM INSTITUTIONAL CARE. WE STRESS THE INTERDEPENDENCY OF HEALTH AND SOCIAL SERVICES WITH OTHER HUMAN RESOURCE PROGRAMS, SUCH AS THOSE AUTHORIZED UNDER THE OLDER AMERICANS ACT. WE RECOMMEND THAT THE ACT ENCOURAGE THE AGING NETWORK, IN COOPERATION WITH LOCAL GOVERNMENTS, TO WORK TOWARD THE PROVISION OF A LONG-TERM CARE SYSTEM WHICH WOULD INCLUDE THE FOLLOWING COMPONENTS:

- A CASE MANAGEMENT SYSTEM PROVIDING CONTINUITY OF CARE THROUGH COMPREHENSIVE MULTIDISCIPLINARY ASSESSMENTS, ON-GOING PERIODIC ASSESSMENTS AND IDENTIFIABLE POINTS OF ENTRY INTO THE LONG-TERM CARE SYSTEM.
- SERVICES ENCOMPASSING EDUCATION, SUPPORTIVE SERVICES AND PREVENTION THROUGH OUTREACH, INFORMATION AND REFERRAL, NUTRITION, EMPLOYMENT, TRANSPORTATION AND COMMUNITY BASED SERVICES SUCH AS ADULT DAY CARE, HEALTH AND RESPITE, HOME HEALTH CARE, AND INSTITUTIONAL SERVICES, INCLUDING ACUTE CARE, SKILLED NURSING AND INTERMEDIATE CARE.

- THE RECOGNITION OF CONTRIBUTIONS OF FAMILIES AND NATURAL SUPPORT SYSTEMS WITH APPROPRIATE INCENTIVES -- FINANCIAL AND OTHERWISE -- TO LEVERAGE PRIVATE RESOURCES TO COMPLEMENT THE PUBLIC SUPPORT SYSTEMS.

WE ALSO RECOMMEND THAT AREA AGENCIES ON AGING INCLUDE DESCRIPTIONS OF SUCH EFFORTS IN THEIR AREA PLANS.

4. STRUCTURE OF TITLE III: GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

NACo BELIEVES THAT THE CONGRESS SHOULD CONTINUE TO SUPPORT AND EXPAND THE CURRENT STATUTORY FLEXIBILITY GIVEN TO AREA AGENCIES ON AGING IN DETERMINING THE ALLOCATION OF RESOURCES TO SERVICES. TO ACCOMPLISH THIS GOAL, THE CURRENT TRANSFER OPTION PROVISIONS BETWEEN THE SEPARATE AUTHORIZATIONS FOR TITLE III-B SOCIAL SERVICES, III C-1 CONGREGATE MEALS AND III C-2 HOME DELIVERED MEALS SHOULD BE EXPANDED FROM 20 PERCENT TO 25 PERCENT, WITH THE AREA AGENCIES ON AGING MAKING THE DETERMINATION AS TO WHERE THESE FUNDS WILL BE SPENT BASED ON LOCAL NEED.

5. USDA COMMODITIES

NACo OPPOSES THE ADMINISTRATION'S PROPOSED TRANSFER OF THE USDA FOOD COMMODITIES PROGRAM TO THE ADMINISTRATION ON AGING. SUCH A TRANSFER WOULD RESULT IN A 10 PERCENT LOCAL MATCH REQUIREMENT WHICH WOULD PUT COUNTIES IN THE POSITION OF COMING UP WITH SCARCE LOCAL DOLLARS OR CUTTING BACK THE NUMBER OF MEALS SERVED. WE CONSIDER BOTH OF THESE ALTERNATIVES UNACCEPTABLE.

6. TITLE IV: TRAINING, RESEARCH AND DISCRETIONARY PROGRAMS RELATED TO THE AGING

THE TITLE IV DISCRETIONARY GRANTS PROGRAM HAS BEEN AN INVALUABLE RESOURCE FOR FEDERAL, STATE AND LOCAL AGING OFFICIALS SINCE 1965 -- EXPANDING THE NATION'S KNOWLEDGE BASE ON AGING PROBLEMS; DESIGNING AND TESTING INNOVATIVE PRACTICES; AND HELPING TO TRAIN NEEDED PERSONNEL IN THE FIELD OF GERONTOLOGY. THEREFORE NACo STRONGLY OPPOSES THE ADMINISTRATION'S PROPOSAL TO CUT THE TITLE IV PROGRAMS TO $5 MILLION IN 1985, AND INSTEAD SUPPORTS MAINTAINING THE TITLE IV PROGRAM AT THE FY 1984 FUNDING LEVEL OF $22 MILLION.

7. TITLE V: SENIOR COMMUNITY SERVICE EMPLOYMENT ACT

NACo RECOMMENDS THAT THE OVERSIGHT RESPONSIBILITIES FOR THE TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT ACT SHOULD BE SHIFTED FROM THE DEPARTMENT ON LABOR TO THE ADMINISTRATION ON AGING. SUCH A SHIFT WOULD FACILITATE COORDINATION AND STRENGTHEN THE WORKING RELATIONSHIP BETWEEN THE TITLE V PROGRAM AND THE CONTINUUM OF SERVICES FOR THE ELDERLY, SUCH AS NUTRITION, TRANSPORTATION, AND IN-HOME SUPPORT, FUNDED UNDER TITLE III B AND C OF THE OLDER AMERICANS ACT.

WE FEEL, HOWEVER, THAT REGARDLESS OF ANY SHIFT IN ADMINISTRATIVE OVERSIGHT, FROM DOL TO AOA THAT DEFINING EMPLOYMENT NEEDS UNDER TITLE V SHOULD BE ENCOURAGED AT THE LOCAL LEVEL, WITH A MORE FLEXIBLE PLACEMENT PRACTICE RESPONSIVE TO LOCAL AND INDIVIDUAL DIFFERENCES.

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SUMMARY

IN CONCLUSION, NACo WELCOMES THIS OPPORTUNITY TO SHARE OUR VIEWS WITH THE SUBCOMMITTEE AND SPECIAL COMMITTEE. WE URGE CONGRESS TO RE-AUTHORIZE THIS IMPORTANT ACT AND TO FUND THE OLDER AMERICANS ACT PROGRAMS AT CURRENT LEVELS.

I WILL BE GLAD TO ANSWER ANY QUESTIONS YOU MAY HAVE.

Senator EVANS. We will wait on questions until we have heard from each of the panelists.

Next, Mayor Robert Buhai, mayor of Highland Park, IL, from the U.S. Conference of Mayors.

Mayor Buhai.

Mayor BUHAI. Senator Evans, may I first congratulate you on pronouncing my name correctly because no one in Washington has ever done that.

I was having some difficulty as the Senators were going in and out, trying to figure out what I could say personally to each of them. But the procedure has now been simplified. I will only say that my daughter and son-in-law and granddaughter live in Seattle. They love the State and the State of Washington and the city of Seattle are among the most caring communities that I know about in terms of older Americans.

I am Robert Buhai, mayor of Highland Park, IL. I am here today on behalf of the U.S. Conference of Mayors, where I serve as the chairman of the Subcommittee on Aging. We appreciate this opportunity to testify at these joint hearings on the reauthorization of the Older Americans Act.

We have, of course, more expanded testimony, which I have submitted to staff for the record.

I will address specifically the changing responsibilities of cities for aging programs and their relationship to the aging network.

As you may know, the Conference of Mayors has consistently supported the Older Americans Act since it was first enacted in 1965.

As the attached policy resolution indicates, the conference continues to support the act as a separate categorical Federal program and as a mechanism for planning, coordinating and funding essential support services for older Americans.

As mayors and many others have testified, the act has been very successful in bringing national attention and resources to older persons. However, based on the experience of many mayors the conference would like to recommend amendments to strengthen the aging network's ability to coordinate local policies and programs of benefit to these elderly.

I might add that the Conference of Mayors has developed a computerized system of information on the various aging programs offered in over 200 cities, and that additional information is being garnered from which to draw successful programs.

Much has occurred since the enactment of this landmark act in 1965. Perhaps the most significant changes have been in the dramatic increases in the numbers of older persons and the percentage of the population which they constitute; the evolution of the aging network established to administer the act, and the changing role and involvement of all levels of government in assisting older Americans.

My written testimony primarily addresses the changing role of city governments and their increased involvement in aging services, and the need to strengthen relationships between the cities and their area agencies on aging.

Because of time constraints, I would like to briefly summarize this testimony and request that my written statement, with supporting documents, be included in the record.

Senator EVANS. Yes; it certainly will be.

Mayor BUHAI. Nearly two-thirds of the elderly live in metropolitan areas, with nearly half of these, including disproportionate numbers of minority and low-income elderly located within central cities. This growing of our Nation's cities has already had an impact on nearly every aspect of city life, resulting in fundamental changes in local public policy and programs.

As a result of these demographic changes and other factors, cities are in a period of transition in their degree of involvement in services and policies to assist the urban elderly.

Nearly half of the cities with populations over 30,000 responding to a Conference survey indicated that they had established an office or unit responsible for aging issues. In Highland Park, we established a cabinet-level department on aging in 1975 to plan and coordinate the comprehensive programs and policies needed to assist our older city residents.

Unfortunately, in my city as in many communities, the ability to coordinate the various public and private programs which may benefit the elderly is often a difficult, if not impossible task. As mayors and local officials have repeatedly stated and as was identified by the 1981 White House Conference on Aging, the present aging network of public and private agencies is highly fragmented at all levels. Therefore, much of the aging network's potential to respond to the multidisciplinary needs of the urban elderly has been eroded.

Mr. Chairman, it is the belief of the U.S. Conference of Mayors that there is a crucial need to reduce the fragmentation of the many existing Federal programs benefiting the elderly. Likewise, there is a need to promote and facilitate improved coordination at the Federal, State, and local levels; to facilitate local flexibility in addressing priority needs of older residents, and to develop effective linkages between local governments and the aging network.

I would like to add as part of my written testimony, a page from a publication of the U.S. Conference of Mayors showing about 100 lines intersecting each other. This represents the various agencies and titles that cross each other in service delivery. It makes it almost impossible for anyone to coordinate these programs. We are asking for better coordination at the local level and linkages with the AAA's.

The area agency on aging is responsible for the development of the "comprehensive and coordinated system" within a State-determined planning and service area. Yet, for many AAA's, this charge is difficult if not a "mission impossible." Naturally, the capacity and effectiveness of the nearly 700 local area agencies on aging vary significantly nationwide as well as within States, and many AAA's are quite successful in fulfilling their planning and coordinating responsibilities. As a matter of fact, those AAA's located within local governments—including the 18-city administered AAA's—tend to be most successful because of their ability to coordinate with other local programs. For the Nation's larger cities, however, such AAA's are in the minority.

Of the 175 cities with populations of 100,000 or more, over one-third of the AAA's are administered by private, not-for-profit organizations, one-fourth by Councils of Government, one-fifth by county governments, and only 18 by city governments.

For Older Americans Act funded programs, the key to local coordination for cities is the successful working relationship between city government and the AAA. However, many, if not most programs and policies affecting the urban elderly are outside the scope of effective involvement of many area agencies.

For instance, Highland Park was part of an eight-county planning and service area with a nonprofit agency serving as the AAA. We are quite proud of the comprehensive, city-sponsored policies and programs of benefit to our older residents, and we have a positive and cooperative working relationship with the AAA. However, with the exception of exchanging information and some cooperative training programs, our AAA's efforts in ensuring services for older residents in Highland Park are, like many cities, essentially parallel and incidental to the city's programs.

Let me give you a better example—and I do not know how typical this is across the United States. The city of Highland Park is part of an AAA which embraces 8 counties, 2 million people, and over 4,000 square miles. It has 50 people on its advisory board and its regular board, and only 2 represent cities. Because the meetings are rotated, which is encouraged by the law, one might have to go as far as 150 miles to attend a meeting within that particular AAA. And I have to tell you that few of the policies of that AAA affect the city of Highland Park in any way, shape, or form, and few of our policies affect them, even though we cooperate the best we can—it is simply unable to do that kind of job, to reach that number of people—better than 150 cities and towns with populations of over 30,000 in that area.

So we are asking, that local communities, if they so desire, be allowed much as the county to be designated AAA's. We would like such an opportunity in our city, and many other cities I am sure would also like to take advantage of it.

In recent years, partially as a result of reduced public funding, many cities have begun to rediscover that creative use of their governance powers—taxing and zoning powers, ordinances, and administrative reform—can be an effective tool for leveraging public-private collaborative efforts to assist the elderly. However, neither policies nor programs working in isolation are as effective or as efficient as their combined use to address the needs of the elderly.

Mr. Chairman, the Conference of Mayors would like to recommend what we believe is a realistic set of amendments to bring about the necessary changes to improve local flexibility, accountability, and coordination of programs and policies that benefit the elderly.

As outlined in my written statement, we recommend that a Federal study on coordination—and this is really an evaluation rather than just a study—of Federal aging programs be initiated as part of a 2-year reauthorization of the act. We are asking that the act be reauthorized for 2 years. Part of the background of that request is the fact that we are completing a 3-year reauthorization at this time which started in 1981, the same time as the White House Con-

ference on Aging study. And yet, because of that long, 3-year period, none of the recommendations of the White House Conference on Aging have been authorized into the Older Americans Act.

So we would hope that the kind of evaluation that we might get could be implemented in a 2-year period, and that is one of the reasons we are asking for a 2-year reauthorization of the act.

This study would report to the Congress a realistic approach for streamlining select Federal aging programs, including recommendations on alternative administrative structures for the Administration on Aging, and on increased linkages between city and county governments and their area agencies on aging.

Second, we recommend the establishment of a national demonstration program to promote increased coordination through the granting of waivers—by the Department of Health and Human Services and State governments, of constraining Federal and State laws and regulations.

The Conference also recommends the establishment of a funding base for the Older Americans Act programs, based on changes in population and inflation, the maintenance of the vital title IV research and training programs, and the establishment of a national policy on aging, as well as local options for designation of the AAA including the right of first refusal for local governments.

The mayors believe that this year's reauthorization provides an opportunity to assess the positive contributions that the Older Americans Act has made to the evolution of the aging network over the last 10 years.

We must also, however, respond to the problems of fragmentation that exist, so that each community will be given the opportunity to develop its own approach to meeting the needs of its older residents.

On a personal note, I also have one suggestion that I wish would be incorporated into the Older Americans Act reauthorization. That is that information and referral services would be located in the public library systems, which are actually run by the States, so that there is no stigma attached to anyone coming in to ask those kinds of questions. It is a perfect place for seniors to feel comfortable and feel that they can obtain information without attaching a stigma.

Thank you very much.

[The prepared statement of Mayor Buhai follows:]

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STATEMENT OF

THE HONORABLE ROBERT M. BUHAI

MAYOR OF HIGHLAND PARK, ILLINOIS

ON THE REAUTHORIZATION OF THE OLDER AMERICANS ACT

before the

U.S. SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

SUBCOMMITTEE ON AGING

and the

U.S. SENATE SPECIAL COMMITTEE ON AGING

March 20, 1984

Senators Gressley, Heinz, and members of the Subcommittee on Aging and the Special Committee on Aging, I am Robert M. Buhai, Mayor of Highland Park, Illinois, a city of 30,000 people, 10 percent of whom are elderly, located 25 miles north of Chicago. I am here today on behalf of the United States Conference of Mayors* where I serve as the Chairman of the Subcommittee on Aging. We appreciate this opportunity to testify at these joint hearings on the reauthorization of the Older Americans Act. I will address specifically the changing responsibilities of cities for aging programs and their relationship to the aging network.

As you may know, the Conference of Mayors has consistently supported the Older Americans Act since it was first enacted. As the attached policy resolution indicates, the Conference continues to support the Act as a separate categorical federal program and as a mechanism for planning, coordinating and funding essential support services for older Americans.

However, while the Older Americans Act has been very successful in bringing national attention and resources to older persons, there are a number of amendments which the Conference of Mayors would like to recommend to strengthen the aging network's ability to achieve the objectives declared in Title I of the Act.

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* The United States Conference of Mayors is the national organization of Mayors of the cities with a population of 30,000 or more. Attached is a description of current USCM aging activites.

Much has occured since the enactment of this landmark Act in 1965. Perhaps the most significant changes have been: 1) the dramatic increases in the numbers of older persons and the percentage of the population which they constitute; 2) the evolution of the aging network established to administer the Act; and 3) the changing role and involvement of all levels of government in assisting older Americans, particularly as a result of the recent historic shift of many human services programs from federal to state and local levels and to the private sector.

My testimony and the amendments to the Act I will recommend will primarily address the changing role of city governments in aging services, and the need for increased coordination and strengthening of the relationship between cities and their Area Agencies on Aging (AAAs).

Demographics in an Era of Change

In 1965 there were 18.5 million Americans aged 65 and older representing 9.5 percent of the total population (194 million). By 1982 the numbers of older persons had increased nearly 45.2 percent to 26.8 million -- over twice the rate of increase for the total population. Estimates are that each day over 5,000 Americans celebrate their 65th birthday, increasing the total number of older citizens in this country by 600,000 per year. In just 26 years, one out of seven Americans are expected to be 65 or over (34.3 million) and the number of persons aged 85 and over could more than double to 6.8 million.

Of the nearly 27 million persons currently 65 years of age and older, nearly two-thirds live in metropolitan areas, with nearly half of these, including disproportionate numbers of minority and low-income elderly, located within central cities. Thus, while one of every nine Americans nationally is

over 65, in many cities this ratio is already as high or higher than one in five.

This graying of our nation's cities has already had an impact on nearly every aspect of city life. In housing, transportation, demands for goods and services, taxes, voting patterns, health, social services, education and leisure time activities, the increased number of older city residents has resulted in fundamental changes in local public policies and programs.

The involvement of cities in the delivery of aging programs has historically been limited, with primary responsibility being carried out by the states, county governments and the private sector. However, as a result of these demographic changes and other factors, cities are currently in a period of transition in their degree of involvement in services and policies to assist the urban elderly.

In 1956, the cities of Chicago and Baltimore were among the first to establish an office on aging; however, by 1982 nearly half of the cities with populations over 30,000 responding to a Conference survey indicated that they had established an office or other governmental unit responsible for aging issues. The function, budget, staff and responsibility of these city units on aging vary from city to city depending upon local needs, experience and revenue base. In general, cities over 100,000 in population are more likely to have an office or unit on aging than smaller cities. Our survey indicated, however, that even in those cities with populations of 30,000 to 100,000, over 40 percent have established such an office. For example, in my own city of Highland Park, we established a cabinet level Department on Aging in 1975 to plan and coordinate the comprehensive programs and policies needed to assist our older city residents.

Fragmentation of Existing Aging Network

Unfortunately, in Highland Park as in many communities, the ability to coordinate the various public and private programs which may benefit the elderly is often a difficult, if not an impossible, task. As Mayors and local officials have repeatedly stated and as was identified by the 1981 White House Conference on Aging, the present aging network of public and private agencies is highly fragmented at the federal, state and local levels. Therefore, much of the aging network's potential to respond to the multidisciplinary needs of the urban elderly has been eroded by the complexities, inconsistencies, and fragmentation of the programs at the local level.

In 1980, the House Select Committee on Aging identified 45 major federal programs that directly benefit the elderly, and an estimated 131 others that were of indirect benefit. A recent study by the National Association of State Units on Aging (NASUA) stated that government programs are so complex that it is difficult even to get a firm count of the existing services having the potential to benefit older persons. Each of these programs has its own objectives, funding regulations, administrative system, and clients. Nonetheless, whether these programs are funded by the federal, state, or local government or the private sector, it is ultimately at the local level that they must effectively come together if they are to benefit the elderly.

The passage of the 1973 Amendments to the Older Americans Act specified that one of the major purposes for the establishment of the aging network was the promotion of comprehensive and coordinated services for older persons. As required by the Act, the Area Agency on Agency (AAA) is responsible for the development of a "comprehensive and coordinated system" within a state-determined Planning and Service Area (PSA).

Yet, for many AAAs, their charge is a difficult responsibility, if not a

"mission impossible". In addition to the diversity of priority needs of the elderly throughout the average five or six county PSA, the multitude of political jurisdictions and the large geographic planning area may cause the AAA to lack the authority, resources or clout necessary to counteract existing administrative, political and/or "turf" barriers to local coordination.

The capacity and effectiveness of the nearly 700 local Area Agencies on Aging vary significantly nationwide as well as within states. Factors such as the AAA's administrative system, primary function, geographic size and location, population base, involvement of local governments and elected officials, community traditions and experiences with aging programs, sources and level of funding, training and local leadership each impact the AAA's ability to effectively coordinate available programs.

Most AAAs are administered by county governments, Councils of Government (COG) or private non-profit organizations, with the balance administered by other entities, including state government. Of the 175 cities with populations of 100,000 or more, over one-third of AAAs are administered by private-non profits, while approximately one-fouth are administered by COGs and approximately one-fifth by county governments.

Currently, only 18 AAAs are administered by city governments. Usually, the Planning and Service Area of these city-administered AAAs are coterminus with the city boundries. Five, however, serve a multi-county PSA. In Seattle, the city administers the AAA for a consortium of the city, county and United Way. While small in number, these city administered AAAs plan and coordinate programs benefiting over two and a half million persons aged 65 and older or nearly 10 percent of all older Americans. A few cities, after prolonged political and legal negotiations, are in the process of being designated by their state to administer their AAA. In addition, some cities

have sought to limit the size of their PSA to their metropolitan area or surrounding county.

For cities, a key to local coordination of Older Americans Act funded nutrition and support services programs is a successful working relationship between the city government and the Area Agency on Aging. However, many, if not most programs and policies affecting the urban elderly are outside of the scope of effective involvement of many Area Agencies on Aging.

For instance, my city is part of an eight county planning and service area with a private non-profit agency serving as the AAA. We are quite proud of the comprehensive city sponsored policies and programs to benefit our older residents, and we do have a positive and cooperative working relationship with the AAA. However, with the exception of exchanging information and some cooperative training programs, our AAA's efforts regarding services for older residents in Highland Park are -- like many cities -- essentially parallel and incidental to the city's programs.

Yet, many cities have or are developing successful partnerships and effective coordination with their AAA. Examples of these include equitable representation on the AAA's governing board and/or advisory councils, funding relationships between the AAA and city, information sharing and memoranda of agreement. Perhaps the most successful city-AAA collaboration has been with efforts to coordinate programs through co-location in city multi-service senior centers and with city housing programs for the elderly. In recent years, cities have been very active in the establishment of multi-service senior centers as a community focal point for coordinating available services.

Many of these coordinating issues and techniques are described in a recent Conference guidebook, "Coordinating Services for the Urban Elderly." In

addition, the guidebook discusses a number of constraints to coordination, such as lack of city government representation on AAA governing boards and the multi-jurisdictional Planning and Service Areas. We would like to submit a copy of this guidebook for the record.

Perhaps as important to the delivery of federal and other public and private funded programs are the daily policy decisions that Mayors and city officials make which affect the lives of older residents. Routine actions by city police, fire, housing, recreation, planning, zoning, finance, transportation, human services and aging offices as well as city involvement with the corporate and business sector and with other public and private agencies have direct impact on the quality of life of older citizens.

Partially as a result of reduced public funding, many cities have begun to rediscover that creative use of their governance powers -- taxing and zoning powers, ordinances and administrative reform -- can be an effective tool for leveraging effective public-private collaborative efforts to assist the elderly. It is primarily through the innovative use of local governance powers that city and county governments can be an effective partner with the aging network. However, neither policies nor programs working in isolation are as effective or efficient as their combined use to address the needs of the elderly.

During this past year the Conference of Mayors has been collaborating with the National Association of Counties, the Administration on Aging and SRI International in eight city and county demonstration sites to promote the use of local governance powers as an effective policy option and tool in public-private collaborative efforts to address the needs of the elderly, to help reduce public dependency and to encourage independent living for the elderly. The Conference of Mayors believes that the experiences in these sites with

collaborative use of local governance tools exemplify the types of future public-private partnerships which the Older Americans Act must facilitate to maximize the use of available community resources, particularly as crucial public resources are reduced and as our elderly population increases.

In looking at a broad overview of city government involvement in aging, it should be remembered that each city is unique. No two American cities have the same programs, policies or administrative systems for meeting the needs of older residents. It is important that this fact be recognized in seeking effective ways of strengthening the aging network. Each community needs to be encouraged and given the opportunity to develop its own approach to its particular problems, based on the set of local resources, experiences and traditions specific to each city and its community, as well as the powers granted to the municipality by its state government.

Because city governments are in a key position to develop and coordinate a host of community services in a public-private partnership to benefit the elderly, it is crucial that they be an integral part of the aging network. Local government officials are often the first point of contact for older residents seeking assistance -- other times cities become the service of last resort. As the elected officials closest to the people, Mayors and city officials need to be brought more actively into the decision-making process of their Area Agency on Aging. If effectively involved, Mayors can play a key role in providing the local leadership essential to bring community attention and resources together in a concerted public-private partnership to address needs of the elderly effectively and efficiently.

While Mayors and local officials are in a better position than the federal government to understand the basic needs of older constituents, meeting these

needs requires an effective partnership among all levels of government as well as the private sector. It also requires significant financial assistance, information and training available only from the federal government. The ability of local governments to fund aging programs is often constrained by factors such as reduced federal and state support; property tax limitations; competing demands for public services; increased costs for personnel and materials needed for service delivery; and loss of local revenues due to the economy.

There is emerging a growing recognition of the multifaceted needs of older persons, which, coupled with economic and political considerations, is encouraging various agencies to take steps to work together toward common goals. There is also an increasing recognition on the part of Mayors and local officials of the need to establish policies and programs which reduce dependency on public services and which help the elderly to help themselves. Efforts are needed to promote the physical, social and financial well-being of the elderly by facilitating a choice of suitable and affordable housing, providing a continuum of health care and promoting employment opportunities.

Indicative of concerns for greater local flexibility and for policies which promote and facilitate independent living for the elderly is a statement of Mayor Dick Fulton of Nashville, a former Congressmen and the current President of the U.S. Conference of Mayors.

> Clearly, we must look to alternative forms of change if we are to reduce dependency on government. As a nation we seek often incompatible goals: reduction of entitlement expectations, and care for our older citizens....We at all levels of government must face such problems forthrightly and search vigorously for ways of providing assistance without building dependency....We must look...[to] preventive health care alternatives...[and] to part-time and flex-time employment....We must seek to provide in our national programs the flexibility that will allow our states and our cities--our service providers--to care for those with the greatest need.

RECOMMENDED AMENDMENTS TO THE OLDER AMERICANS ACT

Mr. Chairman, it is the belief of the United States Conference of Mayors that there is a crucial need to reduce the fragmentation of many existing federal programs benefiting the elderly. Likewise, there is a need to promote and facilitate improved coordination at federal, state and local levels; to promote local flexibility in addressing priority needs of older residents; to develop effective linkages between local government, Area Agencies on Aging and the aging network; to promote public-private partnerships; and by adjusting policies and programs to reduce dependency and remove existing barriers to effective coordination.

Mayors believe that this year's reauthorization provides an opportunity to assess the positive contributions of the 10 year evolution of the aging network, and to build on the success of the Older Americans Act by strengthening public-private partnerships and increase coordination with the aging network. There may be merit in recommendations to improve coordination through such actions as elevating the office of the Administration on Aging (AoA); transferring to AoA selected aging programs -- such as the Department of Labor's older worker programs establishing new coordinating bodies; and increasing federal guidelines and requirements for AAA designation and responsibility. We would like to recommend an alternative, however -- a major federal study on coordination of aging programs be initiated as part of a two-year reauthorization of the Act.

National Study on Coordination of Aging Services

This national study would examine the current fragmentation of the aging network at federal, state and local levels, and make specific recommendations to Congress within one year on alternative approaches to streamline existing

36-029 O - 84 - 6

federal programs benefiting the elderly. Recommendations stemming from this study could address issues such as:

- increasing resources, responsibilities and authority of Area Agencies on Aging, including more effective linkages with local government, increased local flexibility and accountability;

- providing local governments with local options for AAA designation, including first right of refusal, incentives for restructuring the AAA into a public-private partnership and reducing the size of the Planning and Service Area.

- streamlining existing federal programs through consolidation and possible transfer to the Administration on Aging of such programs as the DOL older workers program or ACTION volunteer programs;

- increasing the visibility and authority of the Administration on Aging, including the restructuring of AoA to a higher administrative position within the federal government;

- removing barriers to coordination through adjustments in existing laws, regulations and administrative systems;

This comprehensive and objective national study could be a collaborative effort through such auspices as the General Accounting Office (GAO), the Congressional Research Service of the Library of Congress, and/or or the Federal Council on Aging in conjunction with the Administration on Aging. For purposes of discussion, we would like to submit for your consideration in authorizing such a study the attached USCM concept paper which identifies a few issues and a possible alternative administrative system for aging programs.

Two Year Extension of the Older Americans Act

To accommodate Congressional review of the findings and recommendations of a national study on coordination, we would recommend a two year reauthorization of the Older Americans Act with some minor adjustments to facilitate increased local program flexibility, public accountability and linkages between AAAs and local governments. Two years would also provide sufficient

time for Congressional hearings and analysis of the national study to assess the impact of recommended changes, provide time for necessary negotiations of any proposed administrative changes, and ensure planning and the continuity of services for older persons. Therefore, useful recommendations resulting from the study would be incorporated as part of a packet of comprehensive admendments to the Act at the time of its next reauthorization in 1986.

Establish a Funding Base for Older Americans Act Programs

During the past few years federal and other public funding for Older Americans Act programs and other federal programs benefiting the elderly have been eroded due to inflation, increasing numbers of older persons and budget cuts at all levels. To ensure that necessary federal funding for the Older Americans Act is available, a base funding year should be established, such as fiscal 1985. All funding levels in subsequent years would have as their lower limits those amounts authorized for FY1985, adjusted to account for inflation and the national increase of citizens aged 65 and over.

National Demonstration Program on Coordination and Independent Living

The U.S. Conference of Mayors recommends that a national demonstration program be established to promote the development and dissemination of innovative and exemplary approaches to coordinate aging programs, and with efforts to reduce public dependency among the elderly. As part of this three-year demonstration program, waivers could be granted to relieve the burden of constraining federal and state laws and regulations when necessary. Included among the demonstrations could be programs to promote effective public-private collaboration, intra- and inter-city coordination, effective use of governance powers, and mechanisms to facilitate equitable contributions

in publicly funded programs.

Title IV Research, Training and Discretionary Programs

The Conference of Mayors is very concerned over amendments proposed to drastically reduce or eliminate the Title IV Research, Training and Discretionary Programs. This highly successful program has been of invaluable service to cities and their older citizens through the funding of a number of training programs, facilitating information gathering and dissemination, and providing technical assistance. All of these services have aided local communities in the development of their capacity to meet the needs of increasing numbers of older residents.

In a time of shifting responsibilities from the federal to state and local governments, it is imperative that localities be equipped with the tools, training and information necessary to improve services for the aging. The Conference of Mayors sees a real and vital need, not to reduce the impact of these valuable programs, but to increase the ability of local officials to match local resources with the needs of their elder citizenry. The Conference would recommend that Title IV moneys be increased to reflect this growing need to provide training programs for local officials, including such topics as the effective use of policy options/governance powers to address the needs of the elderly, the establishment of a mechanism for local communities to share information on exemplary programs and new techniques for improving the effectiveness and efficiency of programs and services.

National Policy on Aging

Finally, the Conference of Mayors recommends that there be established a National Policy on Aging. A strong and comprehensive National Policy on

Aging would articulate national concerns, goals and the commitment of resources necessary to address needs of the elderly. This policy would provide a strong, visible national focal point for the advocacy and coordination of essential federal programs with adequate federal funding to ensure support at the local level. The Administration on Aging must have the visibility, authority and resources to serve effectively as a catalyst and focal point for federal programs benefiting the elderly. This proposed national policy could be incorporated as part of the Title I Declaration of Objectives for the Act, and would include many of the recommendations of the 1981 White House Conference on Aging, including recommendation number 536:

> The Federal government [should] guide the formulation of an integrated public policy on aging that would move on several fronts to:
>
> - o accept the Federal responsibility to assure income security and the right to self-reliance.
> - o promote efficient and cost-effective use of limited public resources without reducing the elderly's overall level of service.
> - o assure maximum flexibility and appropriate authority to State and local government in designing, administering, and evaluating their programs and service delivery systems to the elderly.
> - o provide tax and financial incentives for the private sector (including corporations, employers, foundations, insurers, voluntary organizations and families) to expand their role and responsibility in supplementing and enhancing government funds.
> - o remove the funding barriers that inhibit the flexibility and creativity of the private sector and local government in developing better coordination of services.

We appreciate the Committees' consideration of the recommendations of the Conference of Mayors. More effective involvement of local government in the Older Americans Act's aging network will promote increased local

accountability, public-private partnerships and maximizing the use of scarce public funds. We believe that the approach we recommend regarding a two-year extension in conjunction with a national study and demonstration program on coordination will enable the best assessment of the Act and its aging network, and will point to new, even more successful directions as we embark on the third decade of national commitment to assisting Older Americans.

Senator EVANS. Next on our panel is Candace Tongue, mayor of Wendell, NC, and chairman of the Regional Aging Advisory Council of the Triangle J Council of Governments.

Mayor Tongue.

Mayor TONGUE. Senator Evans, I am Candace Tongue, mayor of Wendell, NC, and chairman of the Regional Aging Advisory Council of the Triangle J Council of Governments, located in Research Triangle Park, NC. I appreciate the subcommittee giving me this opportunity to testify on the reauthorization of the Older Americans Act. I would like to submit my full statement for the record.

Regional councils are areawide organizations of general-purpose local governments, encompassing a total regional community. Through communication, cooperative decisionmaking, coordination, and technical assistance, regional councils develop policies and programs to deal with issues that cross jurisdictional lines. Regional councils serve as State-designated review and comment clearinghouses under Executive Order 12372. This Executive order, issued in 1982, implements the Intergovernmental Cooperation Act to assure better coordination of federally assisted projects and to encourage intergovernmental cooperation in planning and development activities.

More than 500 regional councils are located in 46 States. The National Association of Regional Councils, NARC, represents over 300 regional councils in both rural and metropolitan areas throughout the United States; 187 regional councils in 26 States serve as area agencies on aging, and most of these are members of NARC.

In North Carolina, all area agencies on aging are housed within the State's regional councils. The Triangle J region encompasses 6 counties and 30 municipalities and has the third highest number of elderly people of the 18 regions in our State.

The aging program in our region operates 21 multipurpose senior centers and provides a wide array of services to the elderly. We have been expanding our homemaker services as well as providing home repair, outreach, legal assistance, and employment referral services.

In addition, the council operates a title V employment program, serving four of our six counties.

Regional councils bring into the aging program many municipal officials not ordinarily involved in human service programs. This has paid handsome dividends in terms of additional matching funds and valuable in-kind services.

For example, in North Carolina, the city of Morganton contributed $395,000 toward the construction of a multipurpose senior citizen center. In my home region, Wake and Orange Counties have renovated buildings and made them available for senior centers.

In other parts of the Nation, local governments have donated municipal buildings, provided gasoline, and vehicle maintenance, insurance, and clerical support.

The regional planning process and the areawide clearinghouse function enables local elected officials to coordinate their actions in a wide range of program areas that impact on the elderly.

For example, North Carolina requires each county to develop and update a transportation plan before it allows any expenditure of Urban Mass Transit Administration funds. The regional councils

in North Carolina assist the counties in developing these plans and have been able to integrate the special transportation needs of the elderly. They have also incorporated aging program concerns into manpower planning under the Job Training Partnership Act.

NARC strongly supports the reauthorization of the Older Americans Act for an additional 3 years. We hope the subcommittee will consider the following recommendations in developing its legislation.

Set authorizations for title III at a level to maintain current services.

Increase the amount of funds that can be transferred between titles III-B and III-C from 20 percent to 30 percent.

Continue to emphasize services to the functionally impaired, minority, and low-income elderly.

Allow local development of a sliding scale for voluntary contributions.

The Title V Senior Employment Program should be administered by the same network as are other programs under The Older Americans Act. As I mentioned earlier, our council has operated a title V program under contract with the National Council on the Aging. We have not had any significant problems with the program. But NARC has noted that there are coordination difficulties in other regions. NARC would recommend that the subcommittee hold additional hearings on this title to study what changes might be made to improve coordination between the national contractors and area agencies.

Require State unit hearings and establish an appeals process to the Federal level for area agencies concerning redefinitions of planning and service areas.

I would like to address a few remarks to the issue of long-term care. NARC strongly supports regional councils playing a lead role in helping to develop community-based long term care services. NARC's board of directors recently adopted some principles that we feel should guide the development of long-term care services. These are included in my full statement.

NARC recommends placing stronger language in title I of The Older Americans Act, establishing the objective of developing and implementing long-term care systems. This goal should receive greater attention in the area agency planning process.

The statute should also direct the attention of key Federal agencies, such as the Veterans' Administration, service providers and State governments to the need for closer cooperation with area agencies in the development of long-term care services.

In addition, we recommend the following changes:

Increase area agency administration costs from 8.5 to 11 percent to undertake additional coordination and advocacy activities.

Make resource development an allowable cost to help seek out funds from other public agencies and the private sector. Channel more title IV education and training funds to regional council area agencies to strengthen their ability to develop community-based long-term care services.

Mr. Chairman, thank you for this opportunity to testify on behalf of the National Association of Regional Councils. I would be pleased to try and answer any questions you may have.

Senator EVANS. Thank you very much.
[The prepared statement of Mayor Tongue follows:]

NATIONAL ASSOCIATION OF REGIONAL COUNCILS

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STATEMENT OF

CANDACE S. TONGUE

Mayor of Wendell, North Carolina;
Chairman, Regional Aging Advisory Council
of the Triangle J Council of Governments
Research Triangle Park, North Carolina

ON BEHALF OF THE
NATIONAL ASSOCIATION OF REGIONAL COUNCILS
BEFORE THE

JOINT HEARING OF THE
SENATE SPECIAL COMMITTEE ON AGING
AND THE
SUBCOMMITTEE ON AGING OF THE
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

ON

REAUTHORIZATION OF THE OLDER AMERICANS ACT

March 20, 1984
Washington, D.C.

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Mr. Chairman, I am Candace S. Tong[illegible], Mayor of Wendell, North Carolina, and Chairman of the Regional Aging Adv[illegible]y Council of the Triangle J Council of Governments, located in Research Triangle Park, North Carolina. I appreciate the Subcommittee giving me this opportunity to testify on the reauthorization of the Older Americans Act.

What is a Regional Council?

For those members of the Subcommittee that may be unfamiliar with regional councils, I would like to take a few minutes to describe these organizations. Regional councils are areawide organizations of general purpose local governments encompassing a total regional community. They are established and tied directly to local governments through state enabling statutes, state executive orders and interlocal agreements. Through communication, cooperative decision-making, coordination and technical assistance, regional councils develop policies and programs to deal with issues that cross town, city, county, and in some instances, state boundaries. Regional councils serve a metropolitan area or substate region which consists of a group of neighboring localities whose residents are joined together economically, socially and geographically.

Regional councils are multijurisdictional, multipurpose organizations that are funded in part or in total by member local governments. They have many different titles: council of governments (COGs), regional planning commissions (RPCs), planning and development districts (PDDs), and economic, area and local development districts (EDDs, ADDs, and LDDs). The governing boards of regional councils are, for the most part, composed of local elected officials and/or appointed representatives of local communities and state governments.

Most regional councils have responsibility for comprehensive planning and coordination activities within their regions. They serve as state-designated review and comment clearinghouses under Executive Order 12372. This executive order, issued in 1982, implements the Intergovernmental Cooperation Act of 1968, to assure better coordination of federally-assisted projects, and to stimulate intergovernmental cooperation in planning and development activities. In addition, regional councils are involved in a wide array of individual program areas such as human resources, environmental quality, housing, transportation, community and economic development, and public safety. Each regional council's program will vary based on the needs and interests of the local governments and the region it serves.

More than 500 regional councils cover the nation. They are located in every state, with the exception of Hawaii and Alaska. The National Association of Regional Councils (NARC) represents over 300 regional councils in both rural and metropolitan areas throughout the United States. 187 regional councils in 26 states serve as area agencies on aging (AAAs), and most of these are members of NARC.

Regional Councils As Area Agencies on Aging

With the passage of the Older Americans Act in 1965, many states and/or localities decided to place the AAA function in regional councils. 187 of the 600 area agencies on aging operate under the umbrella of regional councils and these include a broad cross-section of both rural and metropolitan regions. In several states, regional councils, while not serving as AAAs, were utilized to establish the mechanism for the AAA's function.

Regional councils have been effective in responding to service mandates under the Older Americans Act within the limits of resources provided. Their approach to services, in terms of emphasis and packaging, has differed depending on local conditions, needs and desires. The direction in recent years has been toward provision of a wide spectrum of services. Greater efforts are being made to identify the most vulnerable (frail/minority) individuals within the elderly population and provide outreach services. The degree of state policy and administrative support has been a key factor in determining the effectiveness of respective regional council aging programs.

In North Carolina all area agencies on aging are housed within the state's regional councils. The Triangle J Region encompasses 6 counties and 30 municipalities, and has the third highest number of elderly persons (over 60) of the 18 regions in the state. They number some 93,965 persons. The aging program in our region operates 21 multipurpose senior centers and provides a wide array of services to the elderly. In an average month, the program serves 29,160 meals in a congregate setting, 2,148 in-home meals, and provides transportation for 15,746 trips for 1,040 persons. We have been expanding our homemaker services (2,738 hours), as well as providing home repair, outreach, legal assistance and employment referral services. In addition, the council operates a Title V Employment Program under contract to the National Council on the Aging serving 4 of our 6 counties.

Regional councils operating aging programs enjoy a high degree of support and popularity among local elected officials and the elderly. This is in marked contrast to experiences in other human services programs, such as community

action agencies. At least a part of the reason for this broad-based local support is the unique ability of regional councils to bring into the aging program planning and development process many municipal officials not ordinarily involved in human service programs. The human services field has traditionally been the province of state and county welfare agencies. The involvement of local elected officials and broad-based advisory committees established by the councils has payed handsome dividends in terms of additional matching funds and valuable in-kind services.

For example, in North Carolina, the City of Morganton contributed $395,000 ($160,000 in CDSG funds, balance local) toward the construction of a multipurpose senior citizen center planned by the area agency on aging. In my home region, Wake County renovated the county welfare home and made a large portion of it available for a senior center. Orange County renovated an older elementary school for the same purpose. Both counties have provided space in the buildings for aging program staff offices. In other parts of the nation, local governments have donated municipal buildings, provided gasoline and vehicle maintenance, insurance and clerical support.

The regional planning process and the areawide clearinghouse function under E.O. 12372, enables local elected officials to coordinate their actions in a wide range of program areas that impact on the elderly. For example, North Carolina requires each county to develop and update a transportation implementation plan before it allows any expenditure of Urban Mass Transit Administration funds. The regional councils in North Carolina assist the counties in developing these plans and have been able to integrate the special transportation needs of the elderly in-

to them. The regional councils have also incorporated aging program concerns into manpower planning activities under the Job Training Partnership Act.

An advantage of housing an area agency on aging within a regional council is that the aging staff can draw on the expertise of other professionals and resources not ordinarily found in most single-purpose agencies (e.g., legal on contracts, data collection and processing, engineering, and program and fiscal management). Most councils are repositories for census and other data and have greatly expanded their capability to aggregate and expand upon it, utilizing electronic data processing equipment. This information can be utilized by aging programs since they must be in conformance with recent census data. Councils also have wide expertise in competitive bidding (through operation of joint purchasing programs for local governments) and performance contracting. Because they usually contract for services rather than providing the services themselves, they can step back from the day to day program operations and assess performance in a more neutral manner. Finally, the sharing of office space, clerical and administrative staff reduces overhead costs and allows more funds to go into services.

Local elected officials in North Carolina are very supportive of the role of regional councils in the Older Americans Act programs. The strong linkage with local elected officials and the local governments they represent on the regional council governing boards builds in a public accountability factor that is not found in most single-purpose or nonprofit structures. Because they are public agencies, regional councils, in most states, must follow prescribed public financial disclosure and contractual procedures, and must submit to regular audits by state authorities. This further increases accountability and can build a measure of credibility and public and local official confidence in the agency.

Recommendations for Changes in the Older Americans Act

NARC strongly supports the reauthorization of the Older Americans Act for an additional 3 years. The legislation is basically sound. However, we would like to recommend a number of changes which we feel will enhance the ability of regional councils to meet the needs of our elderly citizens. I will go through these briefly:

- Authorizations for Title III. We recognize that the federal budget is under great stress. However, we hope that the authorizations for Title III can be increased at least to maintain services at the current level.

- Increase the amount of funds that can be transferred between Titles III-B and III-C from 20 percent to 30 percent. Such a change would provide additional flexibility to regional council area agencies in meeting the special needs in their regions.

- Continue to emphasize services to the functionally impaired, minority and low-income elderly.

- Allow local development of a sliding scale for voluntary contributions.

- Title V Senior Employment Program. NARC believes this program should be administered by the same network as are other programs under the Older Americans Act. As I mentioned earlier, our council has operated a Title V program under contract with the National Council on the Aging.

We have not had any significant problems with the program, but NARC has noted that there are coordination difficulties in other regions. NARC would recommend that the Subcommittee hold additional hearings on this title to study what changes might be made to improve coordination between the national contractors and area agency networks. However, we do feel that administrative responsibility for Title V programs should eventually be transferred to the Administration on Aging.

- Require state unit hearings and establish an appeals process to the federal level for area agencies concerning redefinitions of planning and service areas.

Long Term Care

I would like to address some special remarks to the issue of long term care. NARC strongly supports regional council area agencies on aging playing a lead role in developing a continuum of community-based long term care services. We recognize that enabling the elderly to live as independently as possible within their home communities is not only humane social policy, but sound financial policy. NARC's Board of Directors recently adopted some principles that we feel should guide the development of long term care services. These are:

- Emphasis on local needs and involvement of local elected officials in the planning and management of aging programs. The regional council structure offers significant advantages for the development of long term care

36-029 O - 84 - 7

systems. These include strong ties to local elected officials, accountability, planning and assessment skills, and low administrative costs.

- The extent of local care management should be negotiated and determined at the local level and not mandated by federal legislation. Care management can be an important tool in making the most effective use of available resources and is a legitimate activity for regional councils. However, the impact of care management is presently limited by the scarcity of alternatives to institutionalization in most regions.

- Stronger planning and coordination authority should be given to regional councils as area agencies on aging to develop community-based long term care systems. Progress in developing support systems for community-based independent living arrangements will depend a great deal on the response of service providers and policy authorities outside the area agency on aging network.

- An intergovernmental partnership is required to develop effective community-based long term care systems. The Federal Government must continue its financial support, at least at current levels. States must pass legislation establishing community care systems, recognizing and supporting the role of regional councils in the development and implementation of such systems.

- Additional resources will be needed to implement a long term care system if cuts are to be avoided in current aging programs.

Regional councils have been moving toward development of community-based long term care systems, under the Administration on Aging's channeling demonstration project. Mid-America Regional Council in Kansas City, Missouri, has operated a pilot care management system. Georgia, under its recent Community Care Act, has chosen to utilize its APDCs (currently AAAs) as the lead agencies in assessing service needs and developing service plans for each region. North Carolina regional councils are responsible for nursing home ombudsman efforts and in Kentucky and Alabama, efforts are being made to link the councils in statewide computer networks for the purpose of aging program management.

To further encourage these types of efforts NARC recommends placing stronger language in Title I of the Older Americans Act, establishing the objective of developing and implementing long term care systems. This goal should receive greater attention in the area agency planning process. The statute should also direct the attention of key federal agencies, such as the Veterans' Administration, service providers and state governments to the need for closer cooperation with area agencies in the development of long term care services. In addition, we recommend the following changes:

- Increase permissable area agency administration costs from 8.5 to 11 percent to undertake additional coordination and advocacy activities.

- Make resource development an allowable cost to help seek out funds from other public agencies and the private sector to support additional community-based long term services.

- Channel more Title IV Education and Training funds to regional council area agencies to strengthen their ability to develop community-based long term care services.

Finally, NARC supports elevation of the Commissioner on Aging to the Assistant Secretary level within the Department of Health and Human Services. We feel such an action will strengthen the voice of Older Americans Act programs within the Department and assist in better coordinating federal actions that impact the elderly.

Mr. Chairman, thank you for this opportunity to testify on behalf of the National Association of Regional Councils. I would be pleased to try and answer any questions that you may have.

Senator EVANS. It has been interesting testimony. As I think most of you heard earlier, my experience preceding this one was as a Governor, and of course, playing a considerably different role in the relationship between the Federal Government and local communities, where the State sits right in the middle. I played that role during that period of time in the late 1960's and the early 1970's, when there was an explosion of Federal programs under the Great Society, and the necessity for finding the networks necessary at the State and local levels to carry out many of those enterprises.

I am not sure if it is accurate, but I thought I detected in listening to each of the testimonies that successively, you were suggesting that counties should be the focal point, that cities should be the focal point, and that regional councils should be the focal point for coordination of this effort.

I would like this to be an open exchange—and am interested in any comments, concerns, or answers you may have, so please feel free to jump in.

I'll begin with Ms. Grant. You talked about the opportunity for counties, I think it was, or at least local governments, to have the right of first refusal. Let me see if I can find the specific area in your testimony.

Ms. GRANT. Yes, Senator, that was in my testimony.

Senator EVANS. All right. I was just curious as to whether you had said counties or local agencies, but you did say local governments.

Ms. GRANT. When I refer to local government, sir, I am referring to counties.

Senator EVANS. OK. Well, then, you simplified my question, because now I will ask it the way I was going to originally.

If, in fact, we have a series of communities—and of course, we all know that there are many cases where a single metropolitan area may well consist of a number of cities, several counties, and perhaps a regional council, and they all are interested in providing service under this act, then who should decide who provides such services?

Ms. GRANT. Well, of course, I am going to answer the counties should.

Senator EVANS. But you are suggesting that they be given the right of first refusal, and so in spite of a situation where a constituent city or a regional council or even a State feels that is inappropriate, the counties should be given that right?

Ms. GRANT. Since we are attempting to work so closely with the States and the jurisdictions are coming down for the governing bodies, I do believe that the State would have that authority, and I think that most of the counties, cities, and regional councils would go along with this. But I think that each one should be allowed to submit their request and that the States should be governed by this.

I did make a note when the cities and regional councils were requesting this right, also, as to how we could come to some agreement between us. I think that over the years, the cities and counties are working better together, and the regional councils, of course, are very well-supported in my area.

But this is something that threw a little bit of curve into my way of thinking as they were making their presentations, so I can see the confusion that might be before the Senate if this is really adhered to. But I believe that it could be worked out. I still think that it should come down to the local levels. And of course, I am, as I stated, referring to counties when I say "local," as the mayor is referring to cities when he is referring to "local."

Mayor BUHAI. May I make a comment?

Senator EVANS. Yes, Mayor Buhai. In fact, I would appreciate comments that both you and Mayor Tongue might have.

Mayor BUHAI. There are perhaps a number of analogies that can be drawn, but more than that, the local governments such as they are have certain powers that, for instance, the AAA's in general do not have. The city of Highland Park can do certain things to help its elderly for example zoning changes or tax relief or a number of other local government functions that may inpact the elderly. So can counties.

My city is involved in serving our older citizens. We have made that choice, and we have our own Department on Aging at a cabinet level. Maybe that sounds a little pretentious for a city of only 30,000, but we have it, and we spend our own money. We are not spending any Federal money at the moment, in fact, simply because we are not able to obtain any Federal moneys as one of 150 cities in the AAA. We would like to be able to do our own administration.

A possible analogy might be in the area of education. There are local school boards that administer education in each of our communities, and those groups of local school boards are accountable because they are elected. As local officials, we are elected, and if we do not do our job, we do not remain in office. There is nothing in the Older Americans Act setting up AAA's that makes AAA's accountable.

Senator EVANS. Let me ask the same question that I asked of Commissioner Grant. If there is this volunteering to administer the Older Americans Act from a county and a city covering the same area, how would you suggest that that conflict be resolved, at what level, or how?

Mayor BUHAI. Well, I have to object first to the word "conflict."

Senator EVANS. Well, not conflict; contest, maybe.

Mayor BUHAI. I do not think there is a conflict. We work with Lake County, which is where we are situated——

Senator EVANS. But say there is a situation where both have applied to administer and carry out the functions of the act.

Mayor BUHAI. It could and very well may happen that way. If so, I am sure an accommodation can be reached. But the accommodation has to be first between the county and the city. Lake County, IL, for instance, is a very complex county, and while I would not say that King County is not complex, it really embraces the city of Seattle. Lake County on the other hand embraces urban, suburban, and rural areas, and these are all different. If a county tries to set just one set of rules, it cannot really reach all of those people. So they would meet with us and we would set up our own areas, if you will, of concern.

Senator EVANS. I know that that would happen in most cases, but I guess I am a believer that we write regulations and laws for the exceptions rather than the rule, because if everybody operated on a cooperative basis, we would not need the law in the first place, or the regulation.

In those cases where there is, if not a conflict, at least a contest, or two bodies, suggesting that they should be allowed to do the job, do you have any specific recommendation as to who might best settle that?

Ms. GRANT. I think that you would base this on the efforts of that local entity, whether it be county or city, and I think that the agreement——

Senator EVANS. Yes, but who does it?

Mayor BUHAI. The criterion should be whoever could deliver the services best.

Senator EVANS. But somebody has got to decide, based on the criterion, who can do it best.

I do not want to do it, and I do not think anybody in Congress wants to do it, and I do not think anybody at the Federal level ought to do it.

Should the States do it?

Ms. GRANT. Well, the Older Americans Act moneys would still be coming through the State, so I think it would remain with the State to determine who should ultimately have AAA designation. But I think that such a determination should be based on the monetary level of effort and judged on the efforts of the aging programs that are already being administered and how this is being done.

Senator EVANS. Sure.

Ms. GRANT. But I would like to correct something that I may have said in error, that NACO policy does support that local governments should be given the right of first refusal to become area agencies on aging, and that includes counties and cities.

Senator EVANS. OK. Now let's hear from the regional councils. What is your view—and I think there was quite a strong statement that regional councils play a lead role in this effort—how would that play vis-a-vis the cities and counties?

Mayor TONGUE. The cities and counties are in competition, and it is unfortunate. Our region, the counties that are involved and the municipalities—my town is just over 2,000, and being a part of a larger certainly benefits the elderly in my municipality. So the region is of great benefit to those smaller communities such as mine.

Senator EVANS. What would you suggest in a variation of that same questions I asked the others? If you had an area in a State where a regional council, a central city, and a county, which might make up the bulk of that regional effort, all thought they could do the job and were eager to do the job—how do you decide, or who decides?

Mayor TONGUE. I think the suggestion from the State. I do not think we have that particular——

Senator EVANS. Well, I am sure that——

Mayor TONGUE. I think the States would be in a better position rather than asking it to go back to you.

Senator EVANS. Well, certainly, we do not want it here, and I am sure that none of my colleagues would, either.

Let me then get back to sort of a corollary to that, I suppose, and that is the question of sufficient flexibility, at whatever level it is carried out, whether county, city or regional council, we have had some varying testimony here in terms of adding to the flexibility for transfer between various parts of the act.

How big a barrier is that currently, and how important is that expansion of the ability to transfer—and as part of that, do you have any information or indication from people in your area of fears that if there is expanded opportunity to transfer programs, some important programs may get ignored or lost?

Ms. GRANT. Personally, I do not have that particular fear. There are counties in Florida, and I can speak better to that than the other areas, that have applied to become an area agency and been turned down, and are with 1 of the 11 area agencies in the State. I feel at this particular point that Citrus County would not be applying for AAA designation, but I would as the county commissioner like this opportunity if we should grow, as the statistics say that we will, to come back and possibly be able to ask for AAA designation in the future. As was pointed out by the mayor, local governments do have the ability to rezone. Local governments do have the ability to carry out programs in a faster manner than we can by going back to an area agency or other regional agency. If we could operate these programs in our own home territory, I feel that we could administer them better and also give better programs to the elderly without the delays that we sometimes incur when they are operated by other agencies. But let me reiterate. I do not think my county would be applying for AAA designation right now, but we would like to have that option should we be given it in the future.

Senator EVANS. What about the current range of Federal regulations that guide programs? Are they unduly burdensome? Do they require excessive administrative responsibility that diverts money from the ultimate receipients? Do any of you have any problems along that line?

Mayor BUHAI. Well, I think there are some 130 various acts that impact upon the elderly, and the need for greater coordination between these programs is a major reason for our recommended for a study on evaluatoin as part of the reauthorization of the act. We would like to see a number of these programs coordinated to prevent cases where different agencies, may be funding the same type of activity in small fragments. That is often the case with large Federal programs. It seems to be almost an impossibility, but some sort of evaluation perhaps like the Grace Commission could cut down on some of this confusion.

Senator EVANS. I am not sure it is really a case here—but I certainly ran into the same framework on many of the acts during the sixties and seventies when there was a requirement through the Federal Government for a "single State agency." It seems to me that there should be coordination at the State and local levels and that all of these elements should come together, which was all very fine however, when we turned back to the Federal Government, we found that there was no single Federal agency, that they would not do the same thing that they were asking or requiring of local gov-

ernments. And I think that your idea and the idea of the U.S. Conference of Mayors is perhaps a pretty good one. We may need comprehensive review, maybe not so much of what is happening at local and State levels, but what we are doing at our level and how we could streamline and bring together some of our programs and focus.

Mayor BUHAI. I was impressed by Dr. Binstocks suggestion; whether we go all the way to a Cabinet-level position or not, certainly, a much more prominent position should be given to the single agency designated to control programs for the elderly at the Federal level.

Senator EVANS. Well, as he pointed out, I think, so well, $1 billion with all of the framework and the responsibility and the administrative requirements here sort of pales when we are spending a very large share, and a growing share of our total Federal budget, on the aging. I think we have a long way to go before we really fit all those programs together.

Mayor TONGUE. May my colleague speak?

Senator EVANS. Yes, please.

Mr. GABERLAVAGE. I just wanted to make a comment on the right of first refusal proposal. I think one thing you have to remember is that we are dealing with a limited amount of funding available for these programs. And I think one of the reasons that in the original act, the Congress put in the area agency on aging concept was simply because they recognized that with the multiplicity of local units, that some consolidation might be necessary.

So I think that NARC would feel that while local officials should be involved in the development of these programs and setting up the organizations to manage them, that we would want to maintain the area agency concept within the legislation.

Ms. GRANT. I would just like to comment on that, if I may. I feel that, based on Mr. Gaberlavage's recommendation, you would be just swinging the responsibility from an area agency as it is currently set up, particularly in the State of Florida, right over to the regional council.

What we are talking about is the flexibility for the cities or the counties to administer their own programs. So I do not agree with what the gentleman is saying at all, just for the record.

Senator EVANS. Good. That is what we want the record for, so we have got these independent opinions. They will be very helpful to us.

I suspect that there is some concern—and it gets back to the question of where and at what point we run some of these programs—the confusion which may well reign in the minds of some of our elderly citizens if two live across the street from one another, both with equal needs and equal situations, one inside a city, one outside, one inside a county, one outside, one inside a regional council or outside. They do not understand the workings of those boundary lines, and it seems to me one of the important things we have to do is figure out how we can best provide adequate help to those two identical personal situations and not let the boundary lines get in the way, at least not excessively.

Mayor BUHAI. A quick comment on that, if I might. Illinois is one of the few States that still has townships. And it may be that

the township will transcend both sides of the street, if you will. But for instance, we have an effective program where we work closely with Deerfield Township, which is the township we are in, which goes a little beyond the confines of the city of Highland Park. And one of the things that we do together with the township and could be done with the county, is we have a taxicab program, where any senior citizen in the city of Highland Park can take a taxicab for 50 cents, and either the Deerfield Township or the city of Highland Park picks up the differential. So they can get out of their houses and move around and get to our senior programs, get to see their friends. More seniors probably die of loneliness than die of any other disease.

So this works, and it works because the township cooperates with us, or we with the township. The same thing could be done with the counties, and yet we could individually be our own AAA.

Senator EVANS. Yes. It is obviously going to be an increasingly difficult task for us all to try to find those ways to coordinate efforts, and of course, even when you get to the State levels, you have little uniformity between States in where the current responsibilities funded at State and local levels are carried out. Some States, for instance, in the basic aid they give to the aged, have it shared between State and local responsibilities. States like ours, there is no local sharing. All of the welfare programs are conducted at the State level with, of course, their Federal assistance. So each State has a different circumstance, and I think we have got to find where we can the flexibility to allow each circumstance to best be handled according to their own needs.

I am a little concerned about the suggestion that the administrative expenses be increased from 8½ to 11 percent. That may be desirable, but you are always concerned when a larger percentage of a total amount of money goes into what appears to be administration rather than direct service.

Do you have some specific ideas as to what benefits would accrue to those we are trying to serve by expanding the administrative percentages—I guess that one is for Mayor Tongue or Mr. Gaberlavage.

Mr. GABERLAVAGE. Well, this would be to try and give the area agencies the capability to expand the various contacts among service providers, try and set up programs, for example, organizing volunteers to assist elderly people; doing the various kinds of things that are necessary to set up the linkages that speakers before have talked about.

Right now, most area agencies—and that includes ones that are run by cities, counties, and regional councils—are running pretty tight in terms of the available resources that they have to do these extra types of activities that would be required to set up a long-term care system.

Senator EVANS. And, to both Commissioner Grant and Mayor Buhai, it seems to me that what you are suggesting may well result in more units of service rather than the number we have today. Do you feel that can be done, while still remaining within the 8½ percent administrative costs, or are we likely with more units to run into situations where size alone requires a higher percentage of administrative costs?

Mayor TONGUE. If you will notice in my testimony, sir, the National Association of Counties is not asking for more dollars.

Senator EVANS. I understand that.

Mayor TONGUE. We feel that with the services in place and with the administration that we can do locally and with the support groups that we currently have in place, that it would not take extra dollars to do this.

Mayor BUHAI. Basically, I think we feel the same way. The fact that there would be more AAA's does not necessarily mean that there would be more costs coming from the Federal Government. If we were our own AAA, we would assume many of those costs.

Senator EVANS. So you would be satisfied with staying at the 8½ percent administrative cost.

Mayor BUHAJ. Yes.

Senator EVANS. Mayor Buhai, on title IV, do you, or does the U.S. Conference of Mayors, or does anyone else for that matter, have rather specific examples of some of the real accomplishments that have come out of research or training or other programs that are funded under title IV? Do we have an adequate capacity not only to take the successes, but also, do we have a suitable method for technology transfer, if you will, to transfer some of the good ideas from one unit to another?

Mayor BUHAI. Well, I do not really feel confident to comment on that. I have two fine staff people at the U.S. Conference of Mayors who can probably better comment on that.

Senator EVANS. If either of them have specific comments, we would invite you to the table.

Mayor BUHAI. This is Larry McNickle.

Mr. MCNICKLE. Mr. Chairman, my name is Larry McNickle, and I am on the staff of programs for the elderly for the U.S. Conference of Mayors.

Regarding your inquiry about title IV and the need that localities, mayors and local officials have for those types of programs, I think that one of the things that we have learned in working with the Administration on Aging and the programs that we have been a part of is that cities learn from each other, and that they need that money for demonstrating more effective ways of doing things.

At the Conference of Mayors, as Mayor Buhai indicated earlier, we have acquired a wealth of information from cities, how they are going about putting different programs together, how they finance them, and how they do work with other agencies. A program, however successful in one location, can only benefit that individual community unless there is some mechanism for sharing the good and the bad of its experiences elsewhere in the Nation.

Senator EVANS. Well, do you feel that through the U.S. Conference of Mayors, that you have access to the ideas which have come out of those title IV programs, and are transferring them to other cities?

Mr. MCNICKLE. I think that the Conference of Mayors, like NACO and other national organizations representing aging interests and local governments, do the best they can with what they do have. However, there is always room for expanding, particularly in light of the needs that we do have in the future, for adopting and adjusting our society to an aging population.

So the answer to that is yes and no. I think that what limited funds we have received have been extremely beneficial to a number of communities. I guess we would like to think of an analogy of planting seeds: we learn hybrids, and we plant ideas into other communities, and we do see communities replicating ideas that they see elsewhere.

Mayor Buhai earlier spoke of the taxicab program in Highland Park, and I am sure he takes pride in seeing a lot of communities finding out how they did it and replicating that; likewise with new housing programs and so on.

The Conference of Mayors currently is working with the National Association of Counties, with SRI International, a research firm, and the Administration on Aging, on how local governments can use their governing powers, and the ideas that are coming out of the experiences in eight communities will be, we think, tremendously beneficial to other communities. For that reason, we would urge that that program be at least maintained at its current level. We do have concerns about any attempts to reduce the ability of local governments to obtain the information they need in a timely manner in order to take on increased responsibilities.

We would be glad to amplify that for the record.

Senator EVANS. Thank you. In fact, would you—I do not know whether this has ever been done; obviously, I am new at this task—but if it has not been done, would it be possible for the U.S. Conference of Mayors to give to us from your experience the best 10 ideas that have come out in training, the best 10 that have come out in research, and the best 10 in the discretionary programs under title IV?

Mayor BUHAI. There is no question that we could do that. We do have a series of 10 booklets that we have put out for mayors of all the cities within the Conference and others, as a matter of fact, which have already listed a whole series of programs, and it is a continuing kind of thing. But I do not think we have cut them down to the 10 best ideas.

Senator EVANS. Well, I was just picking a number, but I do not know—that may have already been shared with the committee, but if not, I think it would be helpful.

How about on the county side? Do you have something of the same thing?

Ms. GRANT. Yes, sir. Fortunately, I was one of the counties, and also one of the original ones to work with the Conference of Mayors and NACO and SRI on the policy options programs, as we call it. Our county was one of the eight sites chosen to participate in this project—and we can give you statistics on that. NACO can furnish information on the other three counties that were chosen on this particular program. The funds were brought out of AoA pertaining to this. And I think we can show you that these demonstration projects are producing results and really are informative to the counties and cities that have shared in the demonstration.

Senator EVANS. Is anything of that nature available to the regional councils?

Mr. GABERLAVAGE. We have been working with the National Association of Area Agencies on Aging to develop a number of materi-

als in that regard, and we would be pleased to provide them to the committee.

[Information supplied for the record follows:]

NATIONAL
ASSOCIATION
of
COUNTIES

440 First St. NW, Washington, DC 20001
202/393-6226

April 11, 1984

The Honorable Charles E. Grassley, Chairman
Subcommittee on Aging
United States Senate
Washington, D.C. 20510

Dear Senator Grassley:

I appreciated the opportunity to present testimony on behalf of the National Association of Counties (NACo) at the joint hearing of the Senate Subcommittee on Aging and Senate Special Committee on Aging on the reauthorization of the Older Americans Act which was held on March 20th in Washington.

As was requested by Senator Evans at the time of the hearing, enclosed please find NACo's recommendations of the best Title IV funded research and education projects. If you have any questions on either our testimony or our recommendations relating to Title IV of the Older Americans Act, please feel free to have your staff contact Susan White, NACo's legislative representative for health and aging issues at 393-6226.

Again, I commend you, and the subcommittee, for your commitment to the elderly and the Older Americans Act.

We remain willing to work with you and your staff on the reauthorization of this important Act.

Sincerely,

(Mrs.) Jean Grant
Commissioner
Citrus County, Florida

enclosure

SJR:df

AMERICA'S COUNTIES
200 Years of Service to People

Title IV Research and Training Grants
National Association of
Counties Recommendations
of Best Projects and Programs

To respond to Senator Evans question relating to the National Association of Counties' (NACo) recommendations of the ten best research and training projects funded under Title IV of the Older Americans Act, NACo surveyed the thirty members of the board of directors of the National Association of County Aging Programs (NACAP). NACAP is an affiliate of the Association and is composed of elected and appointed county officials interested in and responsible for the delivery of aging services. The members of the NACAP board are representative of the ten federal regions of the country.

When asked for their recommendation of the ten best Title IV research and training projects, the NACAP board members were unable to suggest ten such projects or programs. This was largely due, the members believed, to a failure on the part of the Administration on Aging (AoA) to adequately disseminate the results and findings of the majority of the Title IV funded projects to the local level. In point of fact, the members of the NACAP board were unaware of more than a handful of AoA funded projects. Therefore, although the NACAP board members presumed that AoA has funded useful research and training programs, they were not in the position to evaluate the majority of these projects due to their relative unfamiliarity with their anticipated goals or results.

Of the national projects that the NACAP board members were aware and knowledgeable of, they recommended that the Channeling Demonstration Program, jointly funded by the Health Care Financing Administration and AoA, and the Policy Option Project were two of the most useful and practical of the demonstration projects funded in terms of assisting local elected officials and aging department directors meet the needs of the elderly.

Channeling Program

The national long-term care Channeling Demonstration Program has been the most comprehensive effort the Administration on Aging has funded to collect data on the elderly and the effects of community-based care thus far. The channeling program is aimed at testing the extent to which state and local governments and agencies can develop, coordinate and manage long-term care services that: (1) are available and accessible to those persons who are most in need of them; (2) are provided in the least restrictive environment, preferably at home or in other community settings, and (3) can be delivered in a cost effective manner. This approach reemphasizes the dependence on acute care and nursing home facilities.

Of the ten sites selected to participate in the demonstration, many are units of county government.

The programs set up in each of the demonstrations have been given a great deal of exposure by AoA. As a result of AoA's emphasis on and dissemination of channeling project information, the programs and their results to date have been highlighted through the publications and conferences of NACo, National Association of Area Agencies on Aging (N4A), National Association of State Units on Aging (NASUA), National Council on Aging (NCOA) and others.

The counties commend AoA for its close work with local governments in the development of the channeling programs. The results of this demonstration, the county officials believe, will help them in a very practical way to better meet the long-term care needs of the elderly in their own communities.

A brief synopsis of the channeling program in Rensselaer County, New York is attached. (See Attachment 1)

Policy Option Project

"Public Policy Options to Address the Needs of Older Americans" is an initiative funded by the Administration on Aging in cooperation with the National Association of Counties, U.S. Conference of Mayors, and SRI International to assist state, area agencies on aging and local government officials develop cost-effective, creative ways to serve the elderly. The project focuses on how state and local governance powers (e.g., taxing, zoning, administrative reform) and nongovernmental resources (e.g., the private sector and self-help) can be used rather than traditional "grant oriented" programs to expand or complement current aging services.

The principle objectives of the project are to: (1) increase the awareness and capacity of state, area agencies and local officials about the effective use of the full range of resources and policy options available to serve the elderly, and (2) to strengthen the working relationship among local governments, state and area agencies and the private sector.

Eight demonstration sites (four county and four city sites) were selected to receive direct technical assistance in developing a policy option approach to solve a specific problem or service need relating to the community's elderly. Problems addressed ranged from lack of community health and education programs for seniors in Citrus County, Florida, to lack of a coordinated transportation services in Tulsa, Oklahoma.

The results of the demonstration projects have been positive. The counties and cities involved in the demonstration have been able to implement plans and programs to address their identified problems by pulling together the talents and resources that exist in their communities - both in the public and private sectors.

Two County News supplements are attached which highlight in more detail the aims and successes of the policy option project thus far. (See Attachment 2)

Title IV(A): State/Local Training Programs

The experience of the counties involving state and local training programs has been mixed.

In some states, such as New York, the Title IV(A) training monies are divided among the area agencies on aging (which are all units of county government in that state) to provide training to their staffs and service providers. By allowing the local area agencies to develop their own training programs, the New York counties believe that the training is both practical and relevant to their planning and service delivery needs. A sample three year training program plan developed by Orange County, New York is attached. (See Attachment 3)

In other states, such as Louisiana, which provide training to area agencies on a state-wide basis, the counties did not find the training offered as useful or beneficial. Oftentimes, the states contract with academic institutions to provide such training. Although these academic institutions can serve as sources for research data, they do not, in general, supply the area agencies with the practical hands-on management information they feel is necessary to improve their day-to-day operation.

All of the area agency directors surveyed reported a need for further practical management training. Most area agency directors hold social science degrees and therefore have had limited training in personnel, financial and program management skills. They suggested that future AoA Title IV training emphasize such topics as grants management, contract negotiation, time management, fiscal management/ accountability, staff development and goal analysis. Outside the management area, the counties recommend that AoA continue to fund practical demonstrations in long-term care and innovative means to cost-effective service delivery.

(Editor's Note: Due to printing limitations it was necessary to keep Attachment #2 in the files of the committee where it may be researched upon request.)

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ORANGE COUNTY OFFICE FOR THE AGING ATTACHMENT 3

60 ERIE STREET
GOSHEN, NEW YORK 10924

INING PLAN SHEET

1. County: Orange County/Rockland County Cluster Group

   Priority Area: Management Information Systems Development

2. Group Analysis (3), Job Analysis & Performance Review (5) and Continuation/Closure of Two Year Training Program (10).

3.a Needs To Be Met By Training.

To apply modern analysis and planning methods to service report data accumulated on a per client basis.

- The Orange and Rockland Cluster group formed two years ago to develop, over a three year period, in cooperation with Columbia University's Center for Geriatrics and Gerontology a three year program of training that would: (1) provide staff and sub-contractors with an overview of computer applications in the social service field; (2) jointly develop a common client intake form suited to either manual or electronic storage and manipulation; and (3) teach methods of analysis and planning based on the use of a common client intake form and demographic data developed locally.

- The first two segments of our three year training plan were completed during 1982 and 1983. Completing the third segment during the 1984 IV-A funding cycle will provide a timely and needed closure to this important management training as well as introduce staff to the planning process and their role in that process.

3.b Completion of the three year training program is an integral part of the Orange County Office For the Aging (OCOFA) Four Year Plan. OCOFA Four Year Plan references its management development plans, which center around the full development of client tracking by means of computer data entry, on pages 11.a.1, 11.a.2, 11.a.4, 13.a.2, 18.a.1, 18.a.2. The Rockland County Four Year Plan addresses the problem of client tracking on pages 10 and 10b.

4. Training Objectives.

- An understanding of what the data "means".

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- Techniques for interpreting data; i.e., what to look for in data we accumulate; what correlations should we be looking at; methods for valuing service performance based on per client data accumulation.

- Learning how to integrate and use, for planning purposes, demographic data developed at the local level with demographic data develcped by State and federal governments.

- Learning to use, for case work purposes, data accumulated on a per client basis accross services.

- An overview, for staff, of the meaning and value the data they process daily has in the planning process.

5. Summary of Training Objectives and Format.

a. Training Objectives are to learn how to expeditiously handle data for reporting, management, and planning purposes.

b. Training Format is to develop with Columbia University's Center for Geriatrics and Gerontology "state of the art" techniques for (5.a) above by using data taken from the client intake form developed at the last IV-A training/work session.

6. Evaluation Methodology.

- Columbia's staff will provide written evaluation of the effectiveness of reporting, management, and planning modules developed. Writen evaluation will be based on analysis of application feed-back from the central offices of OCOFA and RCOFA and will include considerations of the costs to administer the system, the time needed to apply the system, the value of reports generated, and the soundness of planning based the data gathering and manipulation system. This analysis will be undertaken over a period of time.

- Use by the "Cluster Group" of the modules will constitute verification that the training objectives of developing said modules were met.

7. Participation Of Protected Class Groups In Title IV-A Training.

- In the short run there will be direct participation of protected class groups in the Training by virtue of the fact

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both Rockland and Organge Counties directly employ a substantial number of over sixty staff, employ dissabled persons and also employ minority goups either directly or through sub-contractors.

In the long run, and more importantly, the techniques developed by the training will directly affect all service recipients by improving the quality of services delivered and by better planning to meet the needs of protected groups.

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Attachment 1

Rensselaer County Channeling Demonstration

Rensselaer County Department for the Aging has been participating in a national research demonstration for the past four years. The Case Management Demonstration Project (CMDP) is testing centralized case management as a method of controlling costs in organizing and delivering services to the frail elderly. It unites and builds on existing County services in order to create one system of long-term care. The Project is designed to evaluate community based approaches to long-term care for the elderly and to provide innovative, comprehensive and economical home services for elderly in poor health who might otherwise have to live in a nursing home - often at great personal and public expense.

Using both medicaid and medicare waivers to pay for services that are not usually reimburseable, CMPD is comparing the cost of comprehensive home care to nursing home costs. Research data collected during 1983 and 1984 will be used to compare the outcomes of CMDP clients to the outcomes of research participants who are using the current Rensselaer County Long-Term Care delivery system.

The program emphasized three components: (1) a centralized case management system designed to authorize service and decrease fragmentation; (2) the use of waivers to reimburse non-traditional services; and (3) maximizing the use of informal caregivers.

For those clients receiving CMDP services, a case manager conducts a comprehensive needs assessment, prepares a care plan arranges, coordinates and monitors service delivery. Services are provided by family, neighbors, volunteers and formal community providers. CMDP clients are assisted in staying home through several formal services which are not normally covered under Medicare. These services include personal care, housekeeping, companion, chore and respite services.

Report prepared by Susan Baird, Commissioner on Aging, Rensselaer County, New York

All CMDP clients are considered "at risk" of nursing home placement. The typical CMDP client is an 80 year old woman, living alone on an average monthly income of $537.00. She is covered under Medicare and private insurances. Due to failing health, she is functionally disabled and needs help wit bathing, dressing, meal preparation and housework.

With such multiple needs, CMDP clients typically require care from several service streams. In 1983, CMDP provided an average of four formal services to help such a client get along with daily living at home.

CMDP is federally funded through the Administration on Aging and the Health Care Financing Administration. Direct services are provided in a 60/40 (Medicare/ Medicaid) matching formula with an enforced aggregate caseload ceiling at 60 percent of our local nursing home cost. In New York there is a local match (25 percent) for Medicaid which reflects our close county level support for alternatives to institutional care.

Although national research outcomes will not be available until 1985, in Rensselaer County a significant trend has already emerged. Originally, it was anticipated that the majority of individuals served would be eligible for Medicaid. However, in Rensselaer County we have found that the majority of people needing coordination and integration of services are, in fact, not eligible for Medicaid. Additionally, our county's frail elderly currently receiving Medicaid are often already being adequately served. As a result, only 14 percent of our caseload is Medicaid eligible. Thus need did not neccessarily equate with income.

CMDP is concerned, however, that Medicaid eligibility criteria encourage institutionalization. Many clients, although not Medicaid eligible in the community, become eligible immediately if institutionalized. This regulation encourages family and clients to relieve their personal and financial burdens through nursing home placement.

We have estimated that 57 percent of our clients would likely become eligible for Medicaid after six months in a nursing home.

While the National Demonstration is still collecting research data, local evaluation efforts have already indicated promising results in our County.

To date direct services have been provided to over 300 clients, 85 percent of whom are nursing home eligible, at 30 percent of our county's average nursing home rate.

The most critical and frequently used services by CMDP is homemaker/personal care with 75 percent of our clients receiving this service. This particularly significant because it is not usually provided under existing reimbursement systems. Other services most frequently needed are skilled nursing, home health aide service and home delivered meals.

At CMDP, first emphasis is always on maximizing informal service and family commitment to care by providing support and education. All CMDP clients receive at least three types of service from informal helpers. This demonstrates the continuing family commitment to helping their older family members when given the opportunity and assistance.

Case Managers perform detailed cost computations of all care plan services. It is this cost consciousness combined with the ability to authorize the scope, amount and duration of waivered services that enables us to successfully provide care at 30 percent of our local nursing home rate.

Since 85 percent of our clients meet New York state criteria for nursing home placement, the comparison of the cost of case managed home care versus home placement is significant. This could be equated to an average Medicaid savings of $13,500 annually per client. This CMDP cost consciousness has had a positive impact by creating an awareness of cost issues within our local community.

Local hospitals have reported that with CMDP, there has been a decrease in alternate care days at their hospitals. In Rensselaer County, hospitals are the major entry point into the nursing home placement system. Since so few nursing home beds are available, many frail elderly spend months waiting in hospital beds. Forty percent of our clients have been referred by hospitals. Without case management service, the majority would be backlogged in area hospitals awaiting nursing home placement.

Operating the project within the county government structure has had several benefits. Through formal and informal agreements with other county departments, CMDP has increased interdepartmental referrals. CMDP contracts for waivered services have allowed other county units to provide necessary in-home services and expand their capacity to serve a wider population. Also, since CMDP uses a computerized fiscal control system, it has provided the ability to test a computerized approach to planning and development of an information system within our county.

All these factors lend themselves to a vital, dynamic county network. The range of services made possible through these linkages and the successful coordination by CMDP of county resources have enhanced the home care package available to our older residents.

The federal contract funding CMDP ends in March, 1985. In anticipation of project phase out, CMDP will focus on designing a transition plan which is equitable and maximizes community resources. Plans are currently in process to replicate the most crucial aspects of the project for continuation after federal funding is withdrawn. This effort is made in response to the acceptance and endorsement of the concept by county units, area providers, and clients and their families.

Senator EVANS. Well, I will be in contact with the committee chairman. It seems to me that that would be very useful if it is information we have not yet received, because as we move forward and make decisions on how we fund these various programs and to what degree we are specific in the funding of some programs and to what degree we authorize the transfer of money from one to another, it would be very helpful to know what successes we have had in the past.

Are there any other comments that any one of the panel members would like to make? This has been a very helpful exchange for me, and I am sure it will be for the committee as they read the record.

Ms. GRANT. I would just like to say thank you for staying with us and letting us present our ideas.

Senator EVANS. Well, I have been on the other side of the table many times. I do appreciate your coming. It really has been helpful, and I can assure you that this is going to be one of the important areas of consideration by the entire Congress, not just this year, but I can guarantee you over the next decade, at least, it has to be one of our top national priorities because so many of us are going to be personally involved as part of the growing elderly population.

Ms. GRANT. May I just tell you that Florida has had an increase of 71 percent in its elderly population in the last 10 years, and so we are very interested in this program.

Senator EVANS. I suspect you are.

[Additional material supplied for the record follows:]

36-029 O - 84 - 8

Testimony Regarding

Public Law 89-73 ---- OLDER AMERICANS ACT

Before

THE SUBCOMMITTEE ON AGING

COMMITTEE OF LABOR AND HUMAN RESOURCES

March 20, 1984

Presented by

Norma Angell

Licensed Social Worker

Hutchinson, Kansas

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March 20, 1984

Members of The Subcommittee on Aging
Committee of Labor and Human Resources
Hearings on the Implementation of the Older Americans Act
(Public Law 89-73)

Members of Congress:

I am Norma Angell and I thank you for the opportunity to testify on behalf of the congregate meal program as authorized by Title III C (1 and 2) of the Older Americans Act.

Because of my profession as social worker, I have had occasion to see federal funding used most responsively to the needs of older Americans at the Citadel congregate meal site, Friendship Meals, in Hutchinson, Ks. I have escorted senior members of the community with chronic health problems or psychosocial needs to the Citadel and have observed them take a renewed interest in themselves and life in general through the network of services offered along with the noon meal.

The town of Hutchinson is in Reno county, one of ten counties served by Aging Projects for Sout. Central Kansas, Inc.

When Friendship Meals began in 1974, a total of 39,440 meals was served to 842 persons. Within ten years, the figures had risen to 318,814 meals served to 8,463 unduplicated participates at 25 sites. During 1984, four more sites are planned .

Paid staff for the project increased from two full time and two part time employees to six full and 58 part time staff. Much of the on site work is done by volunteers who also participate in the program. In 1974, there were 211; in December, 1983, there were 3,355.

When I visited the Citadel in February, 28 home deliveries were in process, while 134 participants were served a tasty meal of meat sauce on rice, vegetable, roll and fresh fruit. After a short craft demonstration, the county health nurse answered questions about signs of impending heart attack. Eventually participants bussed trays and cleaned tables, but not until the day's birthdays were celebrated and visiting relatives acknowledged.

A senior citizen transportation system, funded by a county mill levy, brought many of the participants; volunteers escorted several and the others came in private cars.

Participants may contribute to the cost of the meal, which averages $3.11, and the usual donation is 50¢. This has allowed for some program expansion as well as providing these senior citizens the satisfaction of aiding others. Equally as important as the meal, is the companionship they

find. They all agreed that the food was good; the friendships rewarding and the information presented by community agencies to be helpful. A considerable number of those receiving home delivered meals, originally came to the meal site, but because of increasing physical limitations, are no longer able. The congregate meal site provided an entry way to the long term care system.

Quotations such as "You are what you eat" and the caution, "Man does not live by bread alone" seem to be most pertinent observations. Nutrition relates to all aspects of living and recent studies have demonstrated the effectiveness of these programs. In their evaluation of nutrition services for the elderly, Kirshner Associates Inc., Albuquerque, New Mexico, addressed the question, "Do present nutrition services significently benefit older Americans?" The answer is positive - the participant population is stable, most intend to continue, and the service sites are operating at near capacity. Three quarters of the congregate meal participants may be termed priority by virtue of advanced age, low income, social isolation or minority status. Sites are considered a focal point for delivery of supportive services targeted at aging recepients and participants are served through a wide based community system for attending to the needs of older Americans.

For these reasons and my personal contact with the Citadel program, I feel that there should be a continuation

of separate identification of the nutrition programs which are established and defined within the Older Americans Act.

I thank you for the opportunity to express my opinions regarding this aspect of implementation of the Older Americans Act.

Respectfully submitted,

Norma Angell, licensed social worker

Hutchinson, Ks.

SENATOR
JOHN GLENN

503 HART BUILDING
WASHINGTON, D.C. 20510 (202) 224-3353

STATEMENT OF SENATOR JOHN GLENN
AT A JOINT HEARING BEFORE THE SENATE
SPECIAL COMMITTEE ON AGING AND THE
SUBCOMMITTEE ON AGING OF THE COMMITTEE
ON LABOR AND HUMAN RESOURCES
"REAUTHORIZATION OF THE OLDER AMERICANS ACT"

Tuesday, March 20, 1984
9:30 a.m.

Room SD-628 Dirksen
Senate Office Building

Mr. Chairman, I am pleased that we could convene this joint hearing to examine reauthorization proposals for the Older Americans Act. The Subcommittee on Aging has held a series of six hearings which highlighted specific Titles of the Act. Today's hearing should be helpful in pulling together these ideas and in receiving additional comments on proposed reauthorization legislation.

With passage of the Older Americans Act in 1965, Congress created a new federal program specifically designed to meet the social service needs of older persons. The Act has been amended ten times since 1965 and has grown from an original program of

small grants into one which now supports an organized network of 57 state units on aging, 662 area agencies on aging, and 25,000 local nutrition and supportive service providers. The budget for the Older Americans Act has increased from $7.5 million in 1966 to over $1 billion in 1984. The Act is the major vehicle for the organization and delivery of services to older Americans.

During 1983, an estimated 9.1 million older Americans were served by Title III supportive services. The nutrition programs served an estimated 203 million meals, and 300,000 volunteers, many of them elderly, augmented the efforts of paid staff. In addition to providing for basic social and nutritional needs, the Act supports other important services at the local level, including employment, counseling, home health care, transportation, adult day care, information and referral, and legal services. Services are provided to all seniors regardless of income, but the law places a special emphasis on those in "greatest social or economic need." The Older Americans Act has grown to meet its objective to promote among older Americans "freedom, independence, and the free exercise of individual initiative in planning and managing their own lives."

I enthusiastically support the Older Americans Act and recognize the valuable role it plays in furthering the independence and self-sufficiency of many of our older citizens. I believe we must protect existing provisions in the Act which ensure citizen participation, minority rights, advocacy, and attention to the needs of the vulnerable and frail elderly. Last year, the Reagan Administration proposed regulations to implement

the Older Americans Act Amendments of 1981 which went beyond implementing minor statutory changes and would have significantly reduced the federal role in aging. Many of my colleagues and I expressed our concerns about these regulations, and they were not finalized by the Administration. While I agree that we should reduce the burden of unnecessary regulation of state and local organizations, we must maintain the federal regulatory guidance that is essential to the effective delivery of Older Americans Act services nationwide.

Authorization for programs under the Older Americans Act expires on September 30, 1984. We do not plan a major restructuring of the Act this year, but rather we are considering legislation to further define and shape existing Titles of the Act. The current framework of the Older Americans Act includes six titles: Title I - Declaration of Objectives: Definitions; Title II - Administration on Aging; Title III - Grants for State and Community Programs on Aging; Title IV - Training, Research and Discretionary Projects and Programs; Title V - Community Service Employment for Older Americans; and Title VI - Grants for Indian Tribes.

Major issues that have been raised during the reauthorization hearings include the organizational status of the Administration on Aging within the Department of Health and Human Services; the targeting of services under the Act to certain groups of elderly persons; the role of the aging network in developing community-based long-term care programs; the dissemination of information resulting from Title IV research, demonstration and

training activities; the placement of the Title V Senior Community Service Employment program within the Department of Labor; and the amount of transfer authority among Title III categories.

I look forward to receiving testimony on these issues from our witnesses today. I believe that working together we can pass legislation to strengthen the Older Americans Act for our nation's senior citizens.

REMARKS OF SENATOR QUENTIN BURDICK AT
THE SENATE AGING COMMITTEE HEARING ON
THE REAUTHORIZATION OF THE OLDER AMERICANS
ACT -- MARCH 20, 1984

Mr. Chairman, I appreciate your holding this joint hearing today on the re-authorization of the Older Americans Act. It is probably one of the most successful Acts we have ever passed. It certainly has made an important difference to the senior citizens of North Dakota.

In discussing the Older Americans Act with administrators in North Dakota, I asked, "If you could only recommend one improvement in the Act, what would it be?" Their answer: increase the availability of funds in the III-B program for supportive services. In North Dakota, these funds are used for transportation, for health screening and maintenance, and for outreach to the tiny rural communities so heavily populated by the elderly. The III-B money is in great demand in North Dakota, and they have run out of III-B funds on several occasions and been forced to transfer funds /into the program from other allocations.

I hope the Senate reauthorization bill will make this change in III-B funding. I understand that the bill Senator Grassley is working on would improve this situation for North Dakota, and I certainly support his efforts in this regard.

The North Dakota Office of Aging Services has made several other suggestions for improvements in the Act. I have forwarded these on to Senator Grassley's Aging Subcommittee, and I appreciate the consideration he has given them. I would like them included in the record of this hearing, as well, however, and I would ask that they be included in the record at this time.

Thank you very much, Mr. Chairman.

NORTH DAKOTA
DEPARTMENT OF HUMAN SERVICES

STATE CAPITOL, BISMARCK, ND 58505
Telephone: (701) 224-2310

Allen I. Olson
Governor

January 27, 1984

RECD FEB 13 1984

The Honorable Quentin N. Burdick
United States Senate
Old Senate Office Building, Room 110
Washington, D.C. 20510

Dear Senator Burdick:

On behalf of North Dakota's senior citizens I wish to express our appreciation for this opportunity to make recommendations on changes in the Older Americans Act.

Section 305(a)(5). The language should be changed to allow states greater flexibility with respect to the administrative structure within the state. States with Area Agencies on Aging should have the opportunity to become a single planning and service area. The October 1, 1980 limitation should be removed.

Section 306(a)(2). Delete - "and that some funds will be expended for each such category of services". Also in this same section, the word "adequate" is vague and should be removed.

Section 307(a). Add a paragraph which states that "supportive services will be available to individuals aged 60 or older and to their spouses, and may be made available to handicapped or disabled individuals who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly". This addition would bring supportive services eligibility into line with eligibility for nutrition services.

Section 308(b)(1)(A). Change to "no state shall be allotted less than one-half of one percent of the sum appropriated for the fiscal year for which the determination is made, or $400,000, whichever is greater". The current level of $300,000 has remained unchanged over the past several years. Rural states need more administrative funds in order to carry out their responsibility under the Older Americans Act.

Section 321(a). Add a section which states, "services designed to meet the special needs of older individuals who live in rural areas."

Section 336. Home delivered meals should be made available to older individuals seven days a week unless the state agency grants a program a waiver of this requirement. However, the home delivered meals must be made available by nutrition projects no less than five days a week. It is felt that homebound, frail elderly are in need of nutrition services seven days a week as opposed to the minimum five days currently in the Act. However,

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due to funding limitations some projects may experience difficulties in meeting the seven day requirement. Therefore, a provision to waive this requirement to not less than five days each week would be in order. The change from five to seven days in the Act would give recognition within the Act to the priority of nutrition services to frail, homebound older people.

Title IV, Part A, Section 411. We recommend that training funds be made available to states as a formula grant as opposed to a discretionary grant. The minimum amount given to any state should be no less than $30,000 annually. The current process of developing a detailed state training plan, requesting revisions in the plan, and so forth creates a considerable demand on administrative time.

Title VI, Grants for Indian Tribes. We recommend that the funds available to Indian Tribes under this Title be increased to provide an opportunity for all Tribes to apply for funding directly to the commissioner. The funding of Tribal organizations by state agencies create administrative barriers with respect to jurisdictional matters. State government does not have jurisdiction with respect to Tribal government, whereas, the federal government does have jurisdiction.

Overall, the Older Americans Act is an excellent law which has gained the strong support of North Dakota's older citizens. The necessity for the Act is well established and its effectiveness in meeting the needs of older people has been demonstrated.

Your longstanding support of programs for senior citizens is laudable and sincerely appreciated.

Best wishes.

Sincerely,

Larry Brewster

Larry Brewster, D.S.W.
Director
Aging Services Division

LB/cs

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36-029 O - 84 - 9

STATEMENT OF
THE AMERICAN HEALTH CARE ASSOCIATION

ON

REAUTHORIZATION OF THE OLDER AMERICANS ACT

Presented to
Senate Aging Committee
and
Senate Aging Subcommittee
Labor and Human Resources Committee

March 20, 1984

The American Health Care Association (AHCA) would like to comment on the reauthorization of the Older Americans Act and on those issues within the legislation which relate to long term health care services. AHCA is the nation's largest association of long term care providers, with a membership of over 8,000 facility based providers. This includes both proprietary and non-proprietary facilities providing a wide range of services in a variety of institutional settings. Our Association is dedicated to quality long term health care for the nation's elderly convalescent and chronically ill.

Regarding the Older American Act, our members' experiences with its specific programs have principally been with the long term care ombudsman program; as a result, a major portion of our testimony will include recommendations in that area.

However, in view of the growing numbers of senior citizens in our population and their increasing need for additional and more diverse services, we would also like to offer recommendations regarding the mission of Area Agencies on Aging (AAAs) and how they can more effectively respond to the needs of a greater number of our elderly citizens. We will specifically comment on how greater

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coordination and cooperation between the agencies and long term care facilities can benefit the institutionalized elderly while simultaneously sensitizing the community to the often forgotten nursing home population.

Finally, our testimony will draw attention to the fact that the graying of America and the need for additional community-based and health care services will require funding for special education and training of individuals who will render these services. We will offer recommendations regarding gerontological training of both lay and professional personnel as well as examples of educational programs which have been developed or are currently in operation to assure that efficient and quality services will be provided to meet the needs of the elderly in the coming years.

LONG TERM CARE OMBUDSMAN PROGRAM

The Long Term Care Ombudsman Program was established by the 1978 amendments to the Older Americans Act to resolve complaints made by or on behalf of residents of long term care facilities. Implementation of the program has varied from state to state, with mandated activities such as program emphasis, training and qualifications of volunteers, scope of and procedures for complaint resolution and education taking significantly different forms. As a result, while providers in some states perceive the program as valuable, providers in other states have found it to be the cause of serious problems.

AHCA recognizes the potential benefits of programs, such as the Long Term Care (LTC) Ombudsman Program, that seek to enhance the well being of the long term care facility residents, and supports the concept of such programs. We

believe that both Quality of Life and Quality of Care must be emphasized and enhanced in the delivery of long term care. We also believe that programs that increase the involvement of the community in lives of older individuals in facilities and other settings, can provide an invaluable contribution toward improving the lives of such individuals.

However, in observing the implementation of the LTC Ombudsman Program over the past several years, AHCA has identified issues that we believe call for statutory changes or other clarification of Congressional intent. We addressed many of these issues in our comments on the implementing regulations emphasizing the need for clarification and more specific guidance in the regulations. Nevertheless, the final regulations closely follow statutory language, thus providing little clarification. AHCA believes that the changes in the statutory and regulatory framework that we recommend are necessary to make the program more effective, to avoid unnecessary problems and to fulfill original program objectives.

We think it important to state that the Administration on Aging Program Instruction (AoA-PI-81-8, January 19, 1981) and existing chapters of its Guidance Manual for State Programs address many of these issues in a satisfactory manner. However, neither of these documents have the weight of law; they are merely advisory in nature. We therefore think it essential that certain major issues be addressed by the Congress when it considers reauthorization of the program. Additionally, while recognizing the benefits of avoiding unnecesary regulation, we believe that regulations should address and clarify certain issues that may not appropriately be addressed by legislation.

Specific Recommendations

Before making specific recommendations, AHCA would like to go on record as recognizing the value and professionalism of AoA's guidance materials. We believe AoA should be allocated sufficient resources to complete the Manual in a timely manner, while maintaining the quality of existing chapters, so as to provide continued guidance to state programs. We deplore the fact that federal budgetary considerations have resulted in a decrease in the number of staff persons, as well as the resources available to them, for performance of these important functions.

Our first recommendation is that the Congress make certain statutory changes to address key issues. A full discussion of these issues is included in AHCA's Statement on the Long Term Care Ombudsman Program appended to this testimony. We believe that the changes we recommend are consistent with the philosophy of the ombudsman program while providing clarification.

- First, we recommend expansion of the program to include all services for older adults, if sufficient funds can be provided, for such expansion. We believe that there should be recognition of the fact that expansion of community based services means that increasing numbers of vulnerable adults will have no access to ombudsman or other problem solving services.

- Second, development of a state-level advisory body that includes provider representation would permit broader input into development of programs and policies. Existing advisory groups dealing with aging issues (such as a State Commission on Aging) should be permitted to provide this function.

- Third, the protection of provider due process rights to be addressed in the complaint resolution process. At a minimum, providers should be able to file a statement as part of the official record and be informed of the final outcome.

- Fourth, a prohibition against unions, union related organizations or other organizations having a definite conflict of interest performing local ombudsman functions should be included.

- Fifth, authority on confidentiality of and access to medical records questions should be delegated to state law.

- Sixth, requirement that complaints from providers be received and acted upon should be included.

- Last, requirement that state ombudsman program be based in the state aging unit and not contract major functions to any organizations or state government units with potential conflict of interest should be added.

Our second recommendation is that the Congress instruct AoA, Office of Human Development Services, to develop regulations that are sufficiently detailed so as to give guidance on major issues not addressed in the legislation. We suggest that the regulations should include the following items:

- The minimum qualification for the state ombudsman;

- A limitation on volunteer access to facilities to a reasonable, defined,

standard;

- Minimum standards for volunteer training;

- Encouragement, without any prohibitions, that the expertise of other state agencies, such as the state licensure agency be utilized, especially in complaint resolution and education; and

- A requirement that specified confidentiality constraints be applied to all aspects of unresolved complaints.

In summary, our observation and analysis of the program since its inception have enabled us to identify elements that are characteristic of successful state programs. They include precise delineation of program purpose, procedures and practices; a highly qualified state ombudsman; a reasonable approach to sensitive issues such as privacy of medical records and access to facilities; well trained volunteers and opportunity for meaningful provider involvement in program development and implementation.

Because AHCA believes that the Long Term Care Ombudsman Program has the potential to benefit older individuals receiving a variety of services, including services in long term care facilities, we strongly recommend that Congress take necessary action to ensure the effectiveness, objectivity and professionalism that are necessary for the program to achieve this potential.

SERVICES FOR INSTITUTIONALIZED ELDERLY

Perhaps the most challenging issue which confronts the committees dealing with reauthorization of the Older Americans Act is defining the appropriate role for government through the legislation in the provision of long term care. Too intrusive a role will undermine private initiatives and perhaps detract capital investments from this service area. Too encompassing a role might usurp state authorities which currently exist through the state-federal partnership established under the Medicaid program. Too limited a role might ignore the need for training and resource assistance to the facility-based sector to continue its services to the most vulnerable of the aging population. In reflecting upon this role for the aging network in the delivery of long term care, we suggest the following:

- The network should facilitate through the Area Agencies on Aging (AAAs) the involvement of institutional-based long term care providers in the delivery of long term care services in the community -- the existing service and professional capacity should be called upon to expand programs in a diversified approach.

- There is need for a balanced mission approach to long term care services ensuring that the Older Americans Act does not ignore the needs of residents of long term care facilities whether they be residents of nursing homes, board and care facilities and/or housing for the elderly.

Because nursing home residents are frail and vulnerable, they are at a disadvantage in dealing with society and systems. They do not necessarily have informal support systems - such as spouses and families - to depend upon and are in need of certain assistance that is beyond the capabilities of the staffs.

For example, residents sometimes long for social interaction with persons from outside the nursing home. Area Agencies on Aging could coordinate volunteer programs to visit nursing home residents or conduct programs of interest to residents. Other examples are assistance to residents experiencing difficulties related to dealing with the bureaucracy - Medicare, Medicaid, Social Security and other government programs whose paper-work can be taxing at best and often overwhelming.

Most nursing home residents are widows or widowers. While generally family members are in the area, their availability is not always adequate to allow them to take residents on needed outings to pursue individual interests. AAAs could provide a needed service if they were to manage a program which matched volunteers and residents. Often times AAAs have access to community resources and individuals which are not available to nursing homes.

AAAs sponsor and organize various community activities related to the elderly. If some of these could be held in long term care facilities, residents could easily participate and benefit from them. In addition, holding activities in facilities would serve to bring the nursing homes and communities closer together. Examples of activities which could be held in homes are: AAA health monitoring programs, congregate meals, education programs, and leisure time activities.

The relationship between nursing homes and AAAs can easily be a two way street. Nursing homes could be tapped as resources of services by communities. For example, nursing homes have the staff expertise and equipment needed to operate a meals on wheels program.

Communities need to be educated and made aware of long term care issues. AAAs are the focal point in communities for aging issues, including long term care. If the long term care industry were represented on the boards of the AAAs there would be a mechanism to provide a working relationships between the principals.

We do not mean to undermine the role of the AAAs in serving the non-institutionalized elderly. However, we believe they should recognize the institutionalized elderly as community residents with special needs and that they should make concerted efforts to design or arrange programs in a manner which would include and benefit nursing home residents. In return, the industry is prepared to devote time to and work together with the AAAs. Nursing homes have great experience in meeting the needs of the elderly and with the "systems". Their expertise could be invaluable to any AAA making a serious effort to address long term care needs of its constituent population.

GERONTOLOGICAL EDUCATION AND TRAINING

The increased number and average age of the elderly warrants an emphasis on education of and training those who provide long term care. For this reason, AHCA recommends that Title IV of the Older Americans Act be amended to provide greater emphasis on and authorization for education and training of individuals who provide long term care.

Properly trained well qualified persons to deliver care are the key to quality and efficient services. As the aged population increases the demand for services, long term care services and resources will be stretched.

Our recommendations would enable the aging network to assist in recruiting and educating the primary providers of long term care - nurses. The shortage of [illegible]lified manpower is a serious threat to the provision of long term care. Re[illegible]ed nurses, licensed practical nurses and trained nurses aides are and will continue to be key personnel in the provision of long term health care. While economic conditions have temporarily eased staff shortages in some locations, it is AHCA's judgement that obtaining and retaining competent nursing staff will be an on-going problem for long term care providers.

Schools of nursing should be encouraged to train the nursing personnel required in long term care. Special curricula in gerontological nursing and student nurse experiences in long term care facilities are needed. We believe that the training of licensed practical nurses is essential and disagree with organized nursing groups that would eliminate this valuable group of nurses. We have adopted an association policy that directs our members to become involved with nurse training programs.

If preparation for gerontological nursing cannot or will not be accomplished through existing training facilities, then serious consideration must be given to the expansion of gerontological training in vocational schools, community colleges or other educational institutions.

Also, consideration should be given to the use of more nurse practitioners in the provision of long term care as a supplement to physician care and involvement. It may interest the committee to know that while the federal government supports the training of geriatric nurse practitioners, federal reimbursement

policies and nursing home rules discourage their use.

Means must be devised to involve physicians more deeply, closely, and continuously with both the programs and the residents of long term care facilities. As with nursing, medicine should be encouraged to include the special needs of the elderly and elements of long term care in the medical school undergraduate and graduate curriculs.

Recently, several long term care facilities have initiated a "teaching" nursing home program. This program provides clinical experience to medical students. Hopefully, they will expose the students to the special needs of the elderly and the unique experiences in caring for them; it is hoped that their specialized training will also encourage them to return to the nursing home as administrators or employees following graduation.

As the representative of the leaders in the long term care industry, AHCA has adopted a policy which encourages its facilities to develop working relationships with local nursing and medical schools. If the Older Americans Act were to authorize and support these efforts, the chances of development of successful programs would be enhanced. Our recommendations would give the Commissioner, the state agencies on aging and the educational institutions the resources to embark on training programs to provide and promote career opportunities for those interested in providing long term care.

CONCLUSION

We hope our recommendations pertaining to the Older Americans Act will be helpful to the Committee. We look forward to working together with Committee members and their staff during the reauthorization process.

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3.26.84

Otoe-Missouria Tribe

P. O. Box 68, Red Rock, Oklahoma 74651 - Phone (405) 723-4334

March 15, 1984

The Honorable Charles E. Grassley
United States Senate
Washington, D.C. 20510
Dear Senator Grassley:

I am sending you and members of the Sub-Committee on Aging copies of the resolution approved by the Oklahoma Indian Council on Aging on behalf of older Americans and American Indian Elders. Also, I enclose copies of nine Oklahoma Title VI Grantees program director's assessment of what their program needs to ensure that a comprehensive range of services may be delivered to those Indian Elders who need services. These evaluations represent our best professional judgement based on our experience of directing Title VI projects since 1980.

An additional enclosure is the cover sheet of Native American Consultants, Inc. which identifies who did what; I attached pages 9 14, 15, 17 and 21 of NACI's executive summary because the contents of those pages identify need areas and support the contention of the Title VI Grantees, i.e., we need more funding and more people resources. I am certain that the Administration of Aging will make the full executive summary available to you should you desire to review it.

It is the position of the Oklahoma Indian Council on Aging that your committee (and other members of Congress) should have such documentation of needs and concerns from the Indian Community rather than oral expressions that more money is needed. It is our fervent prayer and request that our input be considered as representative of Indian Elders; furthermore that our input will be an invaluable aid to you and the sub-committee. I suspect that this will be the first documented input from "the field" where program managers have their finger on the pulse of the total needs of Indian Elders.

I wish it were possible to appear before your committee to elaborate on the material submitted in this communication; should your committee desire any additional comment or information from our Council a request can be directed to our chairman, Mr. Steve Wilson, Creek Nation Complex, Box 580, Okmulgee, Oklahoma 74447 or Area Code 918-756-8700. We thank you for your deliberation and action in behalf of all elders.

Respectfully,

Rudy Cleghorn

Rudy Cleghorn Director
Title VI Project

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Evaluation of the Title VI Program Grants to Indian Tribes for Nutritional and Supportive Services

Executive Summary

Contract No. 105-82-C-012

Prepared for

Office of Planning, Evaluation and Dissemination
Administration on Aging
330 Independence Avenue, S.W.
Washington, D. C. 20201

Prepared by

Judy Lustig
Principal Investigator
Native American Consultants, Inc.
725 2nd Street, N. E.
Washington, D. C. 20002

October 31, 1983

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providing formal I&R services in small face to face communities was unnecessary and that this service should receive less emphasis.

Title VI grantees provide a variety of optional services which address, to some extent, many needs of elderly Indians listed in national surveys and individual tribal assessments. Title VI programs often provide the only free or low-cost transportation for the elderly. The need for transportation services, however, is far greater than what Title VI programs can provide with limited funds. This is often the largest budget item after staff. A greater demand also exists for in-home services than Title VI can meet. Only a few programs provide assistance with wood chopping and hauling of water or fuel, although elderly at a number of tribes requested these services. Outreach services are not vigorous because grantees cannot afford the extra participants this would generate. Except through I&R, Title VI programs do not address housing and housing repair needs. A major gap in services at tribes is long-term care. Tribes do not have adequate resources to address this need. In some instances mental health is an unacknowledged service need of elderly Indians.

Title VI programs send quarterly financial and program reports to AoA, OHDS Grants and Contracts Management Division, and DFAPS. For meals, units of services are consist-

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Client and Provider Satisfaction

The elderly appreciate the Title VI services. Title VI provides services to some locations where no aging programs were available previously. Since the establishment of Title VI programs, the elderly are out of their homes more frequently and also visit each other more often. They are satisfied to know that the food they receive is good for their health. The Title VI services help the elderly manage on extremely tight budgets. For some elderly, this can make the difference between having adequate heat and food in the winter or doing without these necessities. The inclusion of traditional foods, crafts, and trips to local tribes personalizes the programs. Some barriers to the elderly's participation in congregate meal programs include small facilities, the poor condition of roads and vans, and responsibility for the care of grandchildren. The cost of buying meals for grandchildren is a barrier for some participants. The elderly would like more trips and other activities at the meal sites. The men would like activities designed especially for them and workshops with tools. The elderly would also like more employment opportunities through Green Thumb, Action, Title VI, and other sources to help reduce financial strain.

Directors find the Title VI regulations flexible and have no difficulties with them. Staff of Title VI programs and tribal executives would like to provide more compre-

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hensive services to the elderly than is possible at current Title VI funding levels. In-home services, including homemaker, friendly visiting, and chore services, is a major gap the tribes would like to address.

Title III and Title VI Services

The grantees visited preferred Title VI over Title III because the regulations are less restrictive and because Title VI is directly funded to the tribes by the federal government. Tribes originally expected the funding level for Title VI to be sufficient to provide for all aging services. However, the present funding level is not generally adequate to provide comprehensive services to all the areas within a tribe's jurisdiction. Therefore, some tribes also operate Title III programs.

For the most part tribes which operate both Title VI and Title III programs have solved record-keeping problems. However, the dual funding sources present other difficulties. There have been tensions when some tribes provided different service in the Title III and VI areas or when non-Indians received different services than Indians from the tribe. The quality of the relationships between the tribes and states varied widely. Some relationships are positive and productive while others are negative. The presence of an active statewide Indian aging organization helps to build relationships. Reductions in the weight

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the elderly. Indian Health Service provides primary and emergency services, having reduced drastically other types of services such as the provision of eyeglasses and dentures. There is a need at the tribal level for comprehensive health services from preventive measures to long-term care. Local coordination of aging, health, housing, and other services for the elderly would be improved by the formulation of a national policy on Indian aging.

VI. RECOMMENDATIONS

Based on the findings of the evaluation NACI suggests the following recommendations to improve the Title VI program at project, tribal and national levels.

- Title VI programs should incorporate special diets into nutrition services because of the high incidence of diabetes and hypertension among Indian elderly. Educational materials and instruction should be provided to help elderly accept diet changes.
- On-site training should include instruction for cooks in menu planning and special diet preparation. Regional trainings include this type of information, however, most tribes' budgets are not adequate to send staff other than the director to distant training locations.

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- A national policy on Indian aging should be formulated by AoA, IHS, BIA, ANA, HUD, and other appropriate agencies and organizations. Such a policy would further both national and local service coordination.
- If the Administration on Aging envisions Title VI to be a comprehensive program in either the number of tribes receiving Title VI funds or the extent of services offered to elderly Indians by the grantees, a higher funding level is needed.

The goals of the Title VI evaluation were to determine how completely the components of the program have been implemented, to identify and examine factors which helped or hindered effective management, to assess client and provider satisfaction, to compare Title VI and Title III services for elderly Indians, and to examine the coordination between Title VI programs and other tribal and non-tribal agencies.

According to the elderly and the tribal grantees, Title VI services have improved the health of the elderly, increased their sense of well-being, reduced social isolation, and eased financial strain to some extent. Grantees preferred Title VI over Title III because it is less restrictive and directly funded to tribes, but since Title VI is not presently funded at a level adequate to cover all the services or all the target populations of the current

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Leadership Council of Aging Organization Policy Position:
1984 Older Americans Act Reauthorization

- Extend the Act for at least a 3-year period through FY 1987.
- Strengthen the leadership role of the Administration on Aging and of the Commissioner on Aging by elevating the Commissioner to that of Assistant Secretary of DHHS rather than to the "office of" the Secretary.
- Increase authorization levels to allow for program growth proportionate to America's expanding older population.

Title III Issues

- Maintain the basic structure of Title III with separate authorities and authorizations for III-B, III-C, and III-C2 with transfer capabilities.
- Require that states, area agencies and service providers give priority to meeting the needs of minority, low-income, limited English speaking, seriously impaired and isolated older persons.
- Increase statutory recognition of the catalytic role of state and area agencies in developing community based long term care systems without detracting from current programs and services.
- Continue the priority on access, legal and in-home services.
- Provide statutory authority for those regulations recently proposed for elimination which maintain the advocacy focus of the aging network, the emphasis on public, elderly citizen participation in all aspects of the program and affirmative action.
- Relieve recipients of Title III funds from burdensome paperwork requirements but without compromising accountability.
- Provide statutory mandate to States for advocacy assistance and education and training functions in Title III.

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THE ELVIRITA LEWIS FOUNDATION

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March 19, 1984

Honorable Charles E. Grassley
Chairman, Subcommittee on Aging
Committee on Labor and Human Resources
U.S. Senate
Washington, D.C. 20510

Dear Mr. Chairman:

The members of the Elvirita Lewis Foundation wish to be registered in support of the reauthorization of the Older Americans Act. Accordingly, we request that this letter be included as part of the hearing record on the reauthorization legislation.

We strongly support reauthorization of the Older Americans Act for at least a period of three years, with authorization level increases that are proportionate to America's expanding older population. We also support provisions requiring to the greatest extent possible — and in staff positions where possible — the active participation of older people in the operation of Older American's Act programs.

The Elvirita Lewis Foundation, established in 1975, focuses attention on the concerns of the elderly and addresses the phenomenon of aging in our society. In that regard, we create and sponsor model programs to employ the elderly, give grants to senior citizen self-help organizations, and publish a variety of materials in the field of aging. The Elvirita Lewis Foundation stresses the importance of fostering attitudes of independence and self-worth among older people. We believe that such attitudes are developed only to the extent that older people are actively involved in life's activities.

Thank you for considering these views, and again I ask that you make this letter a part of the hearing record.

Sincerely,

STEVEN W. BRUMMEL
President

SWB:ld

STATEMENT OF

BESSIE B. MOORE

VICE CHAIRMAN

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

BEFORE THE

UNITED STATES SENATE

COMMITTEE ON LABOR AND HUMAN RESOURCES

SUBCOMMITTEE ON AGING

April 4, 1984

My name is Bessie B. Moore, and I am Vice-Chairman of the National Commission on Libraries and Information Science (NCLIS), elected to this position by the Members of the Commission.

Thank you, Mr. Chairman, for this opportunity to testify on behalf of NCLIS in support of inserting language within the Older Americans Act that would encourage libraries to provide improved services and programs to the aging. I have been personally involved with libraries for over half a century. I spent 38 years as a Member of the Arkansas State Library Commission and was Chairman the last 28 of those years. I have been a Member of the National Commission on Libraries and Information Science since its creation in 1970, having been appointed by Presidents Nixon (twice), Carter, and Reagan. Before that I served on the National Advisory Commission on Libraries, the Commission which recommended the creation of NCLIS. I have been appointed by three Arkansas governors as a member of the Governors Advisory Committee on Aging, from 1969-79; 1980-82; and 1984-. I am a library user, and I am 81 years of age.

Sec. 5.(a)(2) of the Commission's enabling legislation mandates NCLIS to "conduct studies, surveys, and analyses of the library and informational needs of the Nation, including the special library and informational needs of rural areas, of economically, socially, or culturally deprived persons, and of elderly persons ...". A resolution calling for access to library and information services for special populations, including the elderly was passed at the White House Conference on Library and Information Services held in 1979. A copy of that resolution is attached. A resolution passed at the 1981 White House Conference on the Aging called for NCLIS to "move quickly" to give leadership to the information needs of the elderly and for the Commission to encourage the use of volunteers in library activities in local communities. The "move quickly" seems a not-too-gentle reminder for the Commission to pursue its mandate.

There is an unquestioned need for improved library and information services and programs for the elderly in this nation. Our aging population needs information of a wide variety, depending on state of health, where they live, and how they live. The elderly need information on nutrition, drugs, how to be a volunteer, money matters, how to "cope" in everyday living, and how to handle grief and death. Old children need help on how to deal with their old-old parents. Books and other materials are needed, but the services of a trained, professional librarian who knows how to handle the multiple information needs with the help of elderly volunteers may offer the best of all worlds, especially if they are working in concert with professionals in the aging field and organizations serving the elderly in a cooperative effort.

155[illegible]

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Reports from the field speak of diminishing funding, services, and programs and thus many public libraries are not providing services or reaching out to to meet the special needs of 11.2% of the nation's population. Obviously this condition needs attention.

In 1973 Congress indicated its strong interest in library and information services to the elderly by amending the Commission's enabling legislation, Public Law 91-345, Section 6(a), to read: "Membership. At least one of whom shall be knowledgeable with respect to library and information service and science needs of the elderly." I am that person and have been designated by the Commission to shepherd the Commission's efforts to meet its mandate. The Commission has made examination of library and information services to the elderly a priority in its FY 1984 programs. One of our first steps was to contact the Commissioner on Aging, Lennie-Marie P. Tolliver. She convened a meeting with me and senior staff members of both of our agencies to look for ways to cooperate. We found her a willing and eager partner. We believe that our goal of working closely with the Administration on Aging and with state and local aging agencies will be key ingredients in our effort to bring better library and information services to our aging population at the grass roots level. We also expect to work very closely with the Governor's Advisory Commissions on the Aging in all the states. We also hope to enlist the support of voluntary organizations such as the American Association of Retired persons (AARP) and the National Council on the Aging (NCOA).

On the library front, in January we met with groups within the American Library Association (ALA) concerned with aging. This is the largest library association in the world with 40,000 members. We spoke to representatives of the Public Library Association and the American Library Trustee Association about the Commission's interest in improving the delivery of library and information services to the aging and about our meeting with Commissioner Tolliver. We also had the opportunity to speak to the Chief Officers of State Library Agencies (COSLA) who were meeting during the same period. Each group was highly supportive of this effort of the Commission and the Administration on Aging. Each passed resolutions supporting this effort as well as another resolution requesting the Congress to change the language of the Older Americans Act to include public libraries as an agency eligible to apply for grants.

So great was COSLA's interest in this cooperative effort that it sent a questionnaire to all the state libraries to learn what is happening in the states with regard to library services to the aging. In a turn-around time of about three weeks, 45 states plus the Virgin Islands replied. Three states responded they had insufficient information to reply to the questionnaire. This in itself indicates broad concern. NCLIS has been given a copy of the results, and a copy of the questionnaire is attached to this testimony. We have noted some very interesting findings from this very general inquiry with its wide diversity in replies.

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Our initial findings are probably strong indicators of the very low level of library and information services to the aging nationwide. For instance:

o Only 11 states and the Virgin Islands said that all of their public libraries gave some service to the aging. A total of 24 states said that over 50% of their libraries gave some service to the aging, 12 states replied that 1/4 to 1/2 of their libraries gave some service to the aging, and the remaining states replied that fewer than 1/4 of their libraries provided some service.

o Four of the ten states having the greatest concentration of the aged, said that some service to the aging is provided by less than 3%, 25%, 41% and 45% of their libraries. We are disturbed by this information because some service can easily be equated with the delivery of books to shut-ins or the institutionalized who form a minority of the aged. Attention to the needs of the well-old is overdue with appropriate services and programs being delivered to meet these needs.

o There is cooperation with area agencies on the aging and/or other organizations or groups serving the aging although not as much as would be desired. Twenty-one states did not respond to this question and two just said "yes." Of the remaining states responding to the question, nine states said that fewer than 1/4 of their libraries are involved with coordinated delivery service; 21 states reported that between 25-50% of their libraries do; and only seven states and the Virgin Islands report that over 50% of their libraries engage in this coordinated delivery service.

o Services to senior citizens centers and other centers serving the elderly is remarkably low. Seventeen states were not able to answer the question. Seventeen states said that fewer than 1/4 of their libraries provided this service; 12 states replied that 1/4 to 1/2 of their libraries provided this service. Only four states replied that over 50% of their libraries provided service to senior centers.

o Services to nursing homes is surprisingly low, but this is understandable in that this type of service calls for transportation and trained staff. Thirteen states say that over 1/2 of their libraries provide service to nursing homes, four states replied that between 1/4 and 1/2 of their libraries do, and 10 states say that fewer than 1/4 of their libraries provide this service.

o Services to congregate housing for the elderly is low, and probably for the same reason as for services to nursing homes. Only four states replied that over 1/2 of their libraries provide service to congregate housing; eight states replied that 1/4 to 1/2 of their libraries provided this service, and 10 states replied that less than 1/4 of their libraries did.

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o Only five states replied that 1/2 of their libraries use the elderly as volunteers. Eleven states replied that between 1/4 and 1/2 of their libraries did, and six states replied that fewer than 1/4 of their libraries did.

An interesting comment was, "Elderly volunteers require extra attention and training and refuse to shelve books due to physical limitations and prefer not to mend, process books, pamphlets, etc., since they would rather be at the front desk to meet people." This points up the loneliness many of the elderly experience.

o In response to a question concerning service to the rural elderly, 14 states replied this service went primarily to those aging who were in nursing homes. Four of the ten states with the greatest concentration of the elderly say services to the elderly in rural areas is principally to nursing homes. In her testimony before a Joint Congressional Hearing on Rural Information Needs in July 1982, Laura Chodos, Chair of the White House Conference on Library and Information Services Taskforce, made the following statement about the rural elderly:

> "A New York State Senate task force report, Old Age and Ruralism: A Case of Double Jeopardy, states that 'while representing 31 percent of the nation's elderly population, the rural elderly account for 44 percent of the nation's elderly below the poverty level.' Library health information programs, large print and talking books, data transmission on home television screens, friendly visitor reader services, and respite programs can help this group."

It is obvious that the elderly in rural areas are in "double jeopardy" with regard to library/information services as with other types of services.

o In response to a question concerning what is needed to develop service to the aging, the overwhelming response was need for trained staff, commitment, cooperation with agencies and organizations serving the elderly and sustained funding. To expand existing service, the responders stated that funding and personnel were the primary needs. Alaska replied, "Some special effort in continuing education for library personnel, preferably prepared and offered by the Office of Aging, on working with and being useful to the elderly would be very helpful." Delaware replied, "More cooperation between public libraries and agencies responsible for aged citizens -- Delaware Division of Aging."

One bright spot in this rather bleak revelation of inadequate library and information services to the elderly is that well over 1/2 the states sent examples of outstanding services and programs for the aging. For example:

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o The Arapahoe Regional Library, Littleton, Colorado provides extension service to local trailer courts that house primarily older adults.

o The Taylor County Public Library, in a small, rural area of Florida, provides special programming in nursing homes, Senior Centers, and individual homes. Included are field trips, exercise programs, film programs, crochet/macrame classes, Bible classes, hobby type programs, musical programs, book talks and discussions and the like.

o The S.I.R.(Service to Shut-ins and Retirees) program of the Detroit Public Library helps meet the educational, cultural, informational, and recreational needs of elderly persons. The program also contributes to the mental well being of the elderly. Here are some comments from satisfied users: "Books are my only enjoyment in life." " Reading helps get my mind off myself." "Reading helps get my mind off the pain."

o SAGE (Service to the Aging) at the Brooklyn Public Library last year presented 515 programs at over 80 Senior Citizen Centers, nursing homes, Senior Homes and Housing Projects, hospitals,and Golden Age Clubs. The library has hired and trained Senior Assistants, all over age 55, as program and community assistants.

o The Springfield-Greene County Library (Missouri), Outreach Department, has developed a program for delivering books to the homebound. These patrons are referred by the Visiting Nurse Association, Home-Bound Shoppers, the Division on Aging-Alternative Care and by other patrons. Contact is made by a member of the Outreach Staff and a delivery schedule is established. The selection of books is done by the Outreach staff from suggestions from the patrons. The books are delivered on a two-week schedule by volunteer drivers furnished by R.S.V.P., a division of the local Council of Churches, and funded by the library.

These are a few isolated examples of necessary library and information services to elderly Americans. <u>All libraries do not provide these services</u>. However, increased cooperation between libraries and other agencies serving the elderly can produce more of these innovative programs. Every county in the nation has a public library and an area agency on the aging. Teamwork between these two on the local level cannot fail to produce better library/information service for the nation's elderly. These agencies will be the key forces to encourage and lead these new programs at the local level.

The Administration on Aging and NCLIS are discussing ways for raising the level of consciousness among legislators, community leaders, service providers and the library/information community about the opportunities that exist for public libraries to provide better services to the elderly throughout the nation such as those just cited. One of the ways we hope to accomplish this is

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to collect and disseminate information about programs, such as I have just mentioned, which have been particularly successful at serving the library/information needs of the elderly.

There is some question whether libraries are receiving aid from Title V of the Older Americans Act. The Department of Labor estimates there are 2,400 of 60,000 slots under Title V going to library related support. These 2,400 slots are used for janitors, gardeners, and similar personnel, and include a minimal number of people working on library programs with the library staff. It is estimated that these people work at the minimum wage and 95% work for 20 hours per week.

If public libraries are named in the Older Americans Act under all applicable titles as institutions permitted to apply for grants, many libraries would be encouraged to initiate services and programs for the aging that would be continued later with local support. In my opinion, decision makers, and the aged themselves, must have the chance to appreciate the benefits that derive from the delivery of quality library and information services and programs for the aging. Seed money from funding under the Older Americans Act can do that.

Senator EVANS. Thank you very much.

[Whereupon, at 11:42 a.m., the committee was adjourned.]

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